2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000585

1. Entity Name
SUNRISE OF AMERICA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 16 PM 12:23

Principal Place of Business	Mailing Address
FONTAINEBLEAU EXECUTIVE PLAZA 8370 W. FLAGLER ST., STE. 204 MIAMI FL 33144	FONTAINEBLEAU EXECUTIVE PLAZA 8370 W. FLAGLER ST., STE. 204 MIAMI FL 33144-2038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0778075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEHBY, JOSEPH M FONTAINEBLEAU EXECUTIVE PLAZA 8370 W. FLAGLER ST., STE. 204 MIAMI FL 33144	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOYOTOSHI, NAOYUKI 8370 W. FLAGLER ST., #204 MIAMI FL 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	mf 2/24/00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOYOTOSHI, KEIKO 8370 W. FLAGLER ST., #204 MIAMI FL 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500003152085--6 -02/29/00--01084--014 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOYOTOSHI, MARCELO H 8370 W. FLAGLER ST., #204 MIAMI FL 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X _____ 1/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #