

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90019 001 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000585

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

Principal Place of Business
**FONTAINEBLEAU EXECUTIVE PLAZA
8370 W. FLAGLER ST., STE. 204
MIAMI FL 33144**

Mailing Address
**FONTAINEBLEAU EXECUTIVE PLAZA
8370 W. FLAGLER ST., STE. 204
MIAMI FL 33144**

930640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0778075	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOYOTOSHI, NAOYUKI		NAME		
STREET ADDRESS	8370 W. FLAGLER ST., #204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOYOTOSHI, KEIKO		NAME		
STREET ADDRESS	8370 W. FLAGLER ST., #204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOYOTOSHI, MARCELO H		NAME		
STREET ADDRESS	8370 W. FLAGLER ST., #204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** _____ Date _____ Daytime Phone # _____