2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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03-19-2003 90045 016 ****50.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001428

1. Entity Name
SUNSET HARBOUR LLC

Principal Place of Business	Mailing Address
1330 OCEAN DRIVE, 4TH FLOOR C/O WENDY HART MIAMI BEACH FL 33139	1330 OCEAN DRIVE, 4TH FLOOR C/O WENDY HART MIAMI BEACH FL 33139

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1330 OCEAN DR. 4TH FLR		1330 OCEAN DR. 4TH FLR	
Suite, Apt #, etc.: C/O SIMON COOPER		Suite, Apt. #, etc.: C/O SIMON COOPER	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FL	
Zip: 33139	Country: USA	Zip: 33139	Country: USA

4. FEI Number ~~APPLIED FOR~~ 75-3064029 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MBP NOMINEES LIMITED 404 EAST BAY STREET NASSAU, BAHAMAS	☐ 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
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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: SIGNATURE REQUIRED IAN FAIR 3/28/03 242-393-8777