

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005114

Entity Name: SUNRISE HOLIDAY LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

3164 PEMBROKE ROAD  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 841338  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

FEI Number: 20-3255097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RICHARDSON, HAZEN K II  
Address: P.O. BOX 841338  
City-St-Zip: PEMBROKE PINES, FL 33084

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ESTATE OF HAZEN K. R, ICHARDSON  
Address: P.O. BOX 841338  
City-St-Zip: PEMBROKE PINES, FL 33084

Title: MGR ( ) Change (X) Addition  
Name: RICHARDSON, LYNN M  
Address: P.O. BOX 841338  
City-St-Zip: PEMBROKE PINES, FL 33084

Title: MGR ( ) Change (X) Addition  
Name: DUFFIELD, PAMELA B  
Address: P.O. BOX 841338  
City-St-Zip: PEMBROKE PINES, FL 33084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAMELA B. DUFFIELD

MGR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date