

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


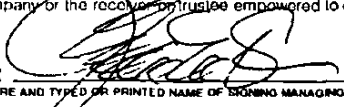
FILED
Mar 12, 2007 8:00 am
Secretary of State

02-13-2007 90056 004 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000035336							
1. Entity Name SUNSET D-107/108, LLC							
Principal Place of Business 3 GROVE ISLAND DRIVE, PH1 COCONUT GROVE FL 33133			Mailing Address 3 GROVE ISLAND DRIVE, PH1 COCONUT GROVE FL 33133				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		4. FEI Number 204659490			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MARX, JAMES ESQ. 848 BRICKELL AVE., SUITE 750 MIAMI FL 33131			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHAW, JEROME		NAME				
STREET ADDRESS	3 GROVE ISLAND DRIVE, PH1		STREET ADDRESS				
CITY- ST- ZIP	COCONUT GROVE FL 33133		CITY- ST- ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHAW, FREDRICA		NAME				
STREET ADDRESS	3 GROVE ISLAND DRIVE, PH1		STREET ADDRESS				
CITY- ST- ZIP	COCONUT GROVE FL 33133		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				
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 exemptions contained in Section 119, 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/trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 			Date: 2/12/07 Phone #: 305 285 9285				
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							