

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035336

Entity Name: SUNSET D-107/108, LLC

FILED  
Jan 03, 2008  
Secretary of State

**Current Principal Place of Business:**

3 GROVE ISLAND DRIVE, PH1  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

3 GROVE ISLAND DRIVE, PH1  
PH1  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3 GROVE ISLAND DRIVE, PH1  
COCONUT GROVE, FL 33133

**New Mailing Address:**

3 GROVE ISLAND DRIVE, PH1  
PH1  
COCONUT GROVE, FL 33133

FEI Number: 20-4659490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARX, JAMES ESQ.  
848 BRICKELL AVE., SUITE 750  
MIAMI, FL 33131 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: MGRM ( ) Delete  
Name: SHAW, JEROME  
Address: 3 GROVE ISLAND DRIVE, PH1  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete  
Name: SHAW, FREDRICA  
Address: 3 GROVE ISLAND DRIVE, PH1  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEROME M. SHAW

MGR

01/03/2008

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