

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071304

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: SUNSET WEST MEDICAL CENTER FUNDING, LLC

## Current Principal Place of Business:

999 PONCE DE LEON BOULEVARD STE 1000  
CORAL GABLES, FL 33134

## New Principal Place of Business:

90 EDGEWATER DRIVE  
503  
CORAL GABLES, FL 33133

## Current Mailing Address:

999 PONCE DE LEON BOULEVARD STE 1000  
CORAL GABLES, FL 33134

## New Mailing Address:

90 EDGEWATER DRIVE  
503  
CORAL GABLES, FL 33133

FEI Number: 11-3785051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLOS, THOMAS P  
999 PONCE DE LEON BLVD, #1000  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CARLOS, THOMAS P  
90 EDGEWATER DRIVE  
503  
CORAL GABLES, FL 33134 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CARLOS FAMILY TRUST,  
Address: 999 PONCE DE LEON BLVD., #1000  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: CARLOS PORPERTIES, L, TD  
Address: 999 PONCE DE LEON BLVD, #1000  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: THOMAS PETER CARLOS, REVOCABLE TRUS T  
Address: 999 PONCE DE LEON BLVD, #1000  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CARLOS FAMILY TRUST,  
Address: 90 EDGEWATER DRIVE 503  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS PETER CARLOS, REVOCABLE TRUS T  
Address: 90 EDGEWATER DRIVE 503  
City-St-Zip: CORAL GABLES, FL 33134

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: THOMAS P. CARLOS

MGR

03/25/2009

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