2001	UNIFORM	BUSINESS	REPORT	(UBR
	—————————			,

DOCUMENT # \(\L0000003163 \) 1. Entity Name SUNRISE 72, LLC						FILED 01 APR -9 AM 7: 50'				066 AF
Principal Place of Business Mailing Address 311 LINCOLN ROAD, SUITE 200 MIAMI BEACH FL 33139 Miami BEACH FL 33139					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3. Mailing Address							 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number Applied For Not Applicable]		
Zip	Country	Zip	Coun	itry	5. Certi	ficate of Status Desired		5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
WEIDER, NORMAN S ESQ. 100 S.E. 2ND STREET				Street Address (P.O. Box Number is Not Acceptable)					-	
SUITE 39										
MIAMI FL 33131				City ad office or regis	FL Zip Code]
SIGNATURE	Signature, typed or printed name of registered agent a		ı !!!WC	d Agent signature requi FEE IS \$50.0 o Department	0	ng)	DATE			
9.	MANAGING MEMBE		10.			ADDITIONS	CHANGES			1
TITLE NAME STREET ADDRESS CITY-ST	MGRM RUBELL, MERA 311 LINCOLN ROAD, SUITE 200 MIAMI BEACH FL 33139	☐ Delete						☐ Change	☐ Addition	2E083 (11/00)
NAME DRESS CITY ZIP		☐ Delete	CITY-	E Et address -st-zip	,	700004 -04/1 ****	4009 6/010	****	:50,00 —	CR2
TITU No. S. ADDORESS -ZIP		□ Delete		- [Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						☐ Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete	CiTY-	ET ADDRESS ST-ZIP				Change	☐ Addition	
indicated	certify that the information supplied with on this report is true and accurate and billity company or the reseiver or trustee	that my signature shall have thempowered to execute this result in the signature of the sig	he same eport as	legal effect as it required by Cha	f made under apter 608, Flo	oath: that I am a mana	ging member i	or manager	of the)