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May 19, 2004 8:00 am
Secretary of State
03-18-2004 90186 028 ****50.00

3/18/

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000004911

1. Entity Name
SUNSET LAKE PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
~~C/O MELAND & RUSSIN, P.A. 200 BISCAYNE BLVD., STE. 200 MIAMI FL 33131~~	~~200 S. BISCAYNE BLVD. 3000 MIAMI FL 33131~~

34006757

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1020000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MELAND RUSSIN HELLINGER BUDWICK P.A.~~
~~200 S. BISCAYNE BLVD.~~
~~3000 WACHOVIA FINANCIAL CENTER~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name: Sunset Lake Properties
Street Address (P.O. Box Number is Not Acceptable): 1525 North View Drive
City: Miami Beach FL Zip Code: 33140

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 [signature] 3-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SKOLNICK, RAND H 1525 NORTH VIEW DRIVE MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3-12-04 305 532-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #