

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000799100

1. Entity Name

Sunrise Trading Company, L.L.C.

FILED

01 MAY -7 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

13300 Okeechobee Road

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, Florida

City & State

4. FEI Number

Applied For

Not Applicable

Zip

34945

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Peter D. Spyke
13300 Okeechobee Road
Fort Pierce, Florida 34945

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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-06/07/01--01008--018

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: Co-Manager Delete
NAME: Peter D. Spyke
STREET ADDRESS: 13300 Okeechobee Road
CITY-ST-ZIP: Fort Pierce, Florida 34945

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Co-Manager Delete
NAME: Rue Lane Brown, Jr.
STREET ADDRESS: 1030 Grandview Boulevard
CITY-ST-ZIP: Fort Pierce, Florida 34982

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
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TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
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.

Peter D. Spyke, Co-Manager

SIGNATURE:

4/29/01 611-464-3391