

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007991**

1. Entity Name  
**SUNRISE TRADING COMPANY, L.L.C.**



Principal Place of Business  
**13300 OKEECHOBEE RD  
FORT PIERCE, FL 34945**

Mailing Address  
**13300 OKEECHOBEE RD  
FORT PIERCE, FL 34945**



01112005No Chg-LLC

CP2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1089096**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPYKE, PETER D  
13300 OKEECHOBEE RD  
FORT PIERCE, FL 34945**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SPYKE, PETER D  
13300 OKEECHOBEE RD  
FORT PIERCE, FL 34945**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BROWN, RUE L JR  
1030 GRANDVIEW BOULEVARD  
FORT PIERCE, FL 34982**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information provided 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-26-05

Date

772-464-3391

Daytime Phone #