2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007991

1. Entity Name

SUNRISE TRADING COMPANY, L.L.C.



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

13300 OKEECHOBEE RD FORT PIERCE, FL 34945 13300 OKEECHOBEE RD FORT PIERCE, FL 34945



01052007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number 65-1089096 | Applied For Not Applicable | |
|----------------------------------|-----------------------------------|--|
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |

8. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of changings of registered agent. | ging its registered office or registered agent, or both | n, in the State of Florida. I am familiar with, and accept |
|--|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Regulared Agent aignature required when reinstating) | DATE |
| Fi D: | lling Fee is \$50.00 ue by May 1, 2007 | | , |
| 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 | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | T Ni | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | |
| TITLE NAME STREET ADDRESS : CITY-ST-ZIP | | | 000000714026 04/27/07-80007-001 50.00 |
| 11. I hereby of indicated limited lia | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shibility company of the receiver or trustee empowered to execute the state of the second state of the s | qualify for the exemptions contained in Chapter 119 hall have the same legal effect as if made under oat the this report as required by Chapter 608, Florida | , Florida Statutes. I further certify that the information the that I am a managing member or manager of the Statutes. |

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE