

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011058

1. Entity Name
SUNRISE GOLF, LLC



Principal Place of Business

**7400 NW 24TH PLACE
SUNRISE, FL 33313-2070**

Mailing Address

**7400 NW 24TH PLACE
SUNRISE, FL 33313-2070**

DO NOT WRITE IN THIS SPACE



03272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1044639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURDOCH, ROBERT E
790 EAST BROWARD BLVD., STE 400
FORT LAUDERDALE, FL 33301**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
FRANCIS, JOHN
1809 SE 25TH AVE.
FT. LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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U00000494995
04/20/06-80065-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JOHN F FRANCIS

3/30/06

Date

954-742-4333

Daytime Phone #