


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90051 008 ****50.00

DOCUMENT # L01000004433	
1. Entity Name SUNSET MEDICAL PLAZA, L.C.	

Principal Place of Business 6817 RIVIERA DRIVE CORAL GABLES, FL 33146	Mailing Address 6817 RIVIERA DRIVE CORAL GABLES, FL 33146
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2. Principal Place of Business 7265 SW 93 Avenue Suite, Apt. #, etc. 201	3. Mailing Address 7265 SW 93 Avenue Suite, Apt. #, etc. 201
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City & State Miami, Florida	City & State Miami, Florida
Zip 33173	Country USA



01152006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1136751	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOMEZ, COSME A 6817 RIVIERA DRIVE CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

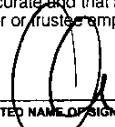
SIGNATURE  (NIA) DATE 1/17/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, COSME A 6817 RIVIERA DRIVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1/17/06** **305 275 5525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #