

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004741

FILED
Apr 28, 2004
Secretary of State

Entity Name: SUNRISE DEVELOPMENT LLC

Current Principal Place of Business:

801 NORTH MAGNOLIA AVE.
SUITE 201
ORLANDO, FL 32803

New Principal Place of Business:

349 NORTH US HWY 27
CLERMONT, FL 34711

Current Mailing Address:

801 NORTH MAGNOLIA AVE.
SUITE 201
ORLANDO, FL 32803

New Mailing Address:

349 NORTH US HWY 27
CLERMONT, FL 34711

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 NORTH MAGNOLIA AVE.
SUITE 201
ORLANDO, FL 32803

Name and Address of New Registered Agent:

ALLYN, DAVID L MD
349 NORTH US HWY 27
CLERMONT, FL 34711

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: DAVID L. ALLYN, MD

04/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ALLYN, DAVID L M.D.
Address: 349 NORTH U.S. HWY 27
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID L. ALLYN, MD

MGR

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date