

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004741

FILED
Apr 09, 2006
Secretary of State

Entity Name: SUNRISE DEVELOPMENT LLC

Current Principal Place of Business:

349 NORTH US HWY 27
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

349 NORTH US HWY 27
CLERMONT, FL 34714

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLYN, DAVID L MD
349 NORTH US HWY 27
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGR (X) Change () Addition
Name: ALLYN, DAVID L M.D.
Address: 349 NORTH U.S. HWY 27
City-St-Zip: CLERMONT, FL 34714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/09/2006

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