




# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90003 043 \*\*\*\*50.00

<b>DOCUMENT # L01000005679</b>					
<b>1. Entity Name</b> SUNRISE PLAZA ASSOCIATES II, LLC					
<b>Principal Place of Business</b> 7000 WEST PALMETTO PARK ROAD SUITE 408 BOCA RATON, FL 33433			<b>Mailing Address</b> 7000 WEST PALMETTO PARK ROAD SUITE 408 BOCA RATON, FL 33433		
<b>2. Principal Place of Business</b> 7000 West Palmetto Park Road Suite, Apt. #, etc. Suite 203		<b>3. Mailing Address</b> 7000 West Palmetto Park Road Suite, Apt. #, etc. Suite 203			
City & State Boca Raton, FL		City & State Boca Raton, FL		<b>4. FEI Number</b> 65-1093574	
Zip 33433		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS ASHENFELTER, MARIA 7000 WEST PALMETTO PARK ROAD BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVF COMBS, GREGORY V 7000 WEST PALMETTO PARK ROAD BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KONOVER, SIMON 7000 W. PALMETTO PARK RD., STE. 408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRRIONE, KRISTEN 7000 WEST PALMETTO PARK ROAD BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR K. SUNRISE, INC. 7000 W. PALMETTO PARK RD., STE. 408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JANIAK, SUSAN A 342 N. MAIN ST., STE. 200 WEST HARTFORD, CT 06117	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 West Palmetto Park Road, Suite 203				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President, COO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 West Palmetto Park Road, Suite 203				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 West Palmetto Park Road, Suite 203				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 West Palmetto Park Road, Suite 203				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 West Palmetto Park Road, Suite 203				
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
SIGNATURE: 					
_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
_____ Date					
_____ Daytime Phone #					