LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-08-2002 90206 025 ***535.00
04-30-2002 90136 037 ****55.00

DOCUMENT # L-01000009152

947764

1. Entity Name
SRO/SUNRISE II, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5345 PINETREE DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State MIAMI BEACH, FL	City & State SAME
Zip 33140 Country	Zip SAME Country

4. FEI Number 02-0542630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GRAG, LAWRENCE

Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE # 4900

City MIAMI FL Zip Code 33131

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING MEMBER
NAME	CLIFFORD STEIN
STREET ADDRESS	5345 PINETREE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	MANAGING MEMBER
NAME	MIGUEL GLANZTE
STREET ADDRESS	30 W. MASHTA DRIVE, # 300
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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.

SIGNATURE: _____ 4/29/02 305-341-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment
947764
#L01000009152

Florida Department of State, Division of Corporations

Corporations Online

Public Inquiry

Florida Limited Liability

SRA/SUNRISE II, LLC

PRINCIPAL ADDRESS
5345 PINE TREE DRIVE
MIAMI BEACH FL 33140

MAILING ADDRESS
5345 PINE TREE DRIVE
MIAMI BEACH FL 33140

Document Number	FEI Number	Date Filed
L01000009152	NONE	06/07/2001
State	**Status**	**Effective Date**
FL	ACTIVE	NONE
Total Contribution		
0.00		

Registered Agent

Name & Address
GRAGG, K.LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131

Manager/Member Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date	Intangible Tax

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No Events