


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L01000013305 1. Entity Name SUNRISE LLC	
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Principal Place of Business 1281 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239	Mailing Address 1281 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1135137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, JOHN B
 1281 SOUTH TAMIAMI TRAIL
 SARASOTA, FL 34239

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000888935
 04/22/08-80031-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, JOHN B 1281 S TAMIAMI TR SARASOTA, FL 34239
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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:  **4-8-08** **941-365-1515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #