2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013305



Mar 10, 2003 8:00 am Secretary of State

FILED

Suite, Apt. #, etc. City & State A, FEI Number 65-1135137 Applied Fo Not Applied To Not To N	1. Entity Nam SUNRISE						03-10-2003 900	26 002 *	****50.	00	
SARASOTA FL 34239 SARASOTA FL 3	Principal Place of Business Mailing Address					_					
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S. Certificate of Status Desired See Projunts Proposed Propose	City & State		City & State	City & State		4. FEI Number 65-1135137			Applied For Not Applicable		
DAVIDSON, JOHN B 1281 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 City FL Zip Code 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 according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered office or registered agent, or both, in t						5. Certificate of S	Status Desired [□ \$5	.00 Add	ditional	
DAVIDSON, JOHN B 1281 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 City FL Zip Code City	6. Name and Address of Current Registered Agent					7. Name and Ad	dress of New Regis	tered Age	nt		
City FL Zip Code 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 according to the deligations of registered agent and the replaced agent agent and the replaced agent ag									<u></u> .		
B. The above named ontry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Jam familiar with, and according to the obligations of registered agent. Signature Si				-	Street Address (P.O. Box Number is	Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accert the obligations of registered agent. Signature Signature				_	City			FL	Zip Cod	e	
MAKE Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS TITLE MAGR DAVIDSON, JOHN B 1281 S TAMIAMI TR SARASOTA FL 34239 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET	the obligati	ions of registered agent.							liar with,	and accept	
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE