


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000014554**

1. Entity Name  
**SUNRISE DEVELOPMENT PARTNERS LTD. CO.**



Principal Place of Business <b>1121 CRANDON BLVD., STE. F907          KEY BISCAYNE, FL 33149</b>	Mailing Address <b>1121 CRANDON BLVD., STE. F907          KEY BISCAYNE, FL 33149</b>
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**DO NOT WRITE IN THIS SPACE**



03172004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1132617</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ENDACOTT, ROBERT D  
 1121 CRANDON BLVD F907  
 KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EUDACOTT, ROBERT D 1121 CRANDON BLVD F907 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENDACOTT, CLAUDETTE 1121 CRANDON BLVD F907 KEY BISCAYNE, FL 33149
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 04/21/04-80041-015 50.00

**DO NOT WRITE IN THIS SPACE**

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: *Robert Endacott* ROBERT ENDACOTT 4/13/04 361-8844 (305)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #