

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017616

Entity Name: 1100 WEST SUNRISE, L.L.C.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

888 SE 3RD AVENUE
SUITE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 SE 3RD AVENUE
SUITE 501
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-1150031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

H. COLLINS FORMAN, JR., P.A.
1323 SE 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FORMAN, MILES AUSTIN
Address: 888 SE 3RD AVE., STE. 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: FORMAN, H. COLLINS JR.
Address: 1323 SE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORMAN, M. AUSTIN
Address: 888 SE 3RD AVE., STE. 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: M. AUSTIN FORMAN

MGR

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date