


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012974 1. Entity Name TRIKON SUNRISE ASSOCIATES, LLC	
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Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE STE. 210 DAVIE, FL 33328 US	Mailing Address 3325 SOUTH UNIVERSITY DRIVE STE. 210 DAVIE, FL 33328 US
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DO NOT WRITE IN THIS SPACE



04252005No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2061598	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

ROSS, BARRY
3325 SOUTH UNIVERSITY DRIVE STE. 210
DAVIE, FL 33328

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 _____

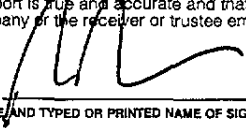
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RM-TRION SAWGRASS LANDING, LLLP 3325 S. UNIVERSITY DRIVE, #210 DAVIE, FL 33328
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04/29/05-80118-008 50.00

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____

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