## 2008 LIMITED LIABILITY-COMPANY ANNUAL REPORT

## DOCUMENT # L02000014215

1. Entity Name

SUNRISE REALTY, L.L.C.



FILED Feb 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

14600 NORTH NEBRASKA AVENUE TAMPA, FL 33613 14600 NORTH NEBRASKA AVENUE TAMPA, FL 33613



## DO NOT WRITE IN THIS SPACE

02012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 73-1648521 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PREMRAJ, ROCHAN 14600 NORTH NEBRASKA AVENUE TAMPA, FL 33613

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000819625 02/15/08-80088-020 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	PREMRAJ, ROCHAN	
STREET ADDRESS	14600 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	MGRM	
NAME	PREMRAJ, MAYA	
STREET ADDRESS	14600 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY+ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-2IP		
THTLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. Thereby certify that the information supplied with this filling does not qualify for the exe		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING M

MEMBER, OR AUTHORIZED REPRESENTATIVE

2/5/08

Daytime Phone i