CAPITAL CONNECTION 850 222 1222 04/0

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90038 006 ****50.00

DOCUMENT # L02000019112

1. Entity Name
SUNWAY, L.L.C.

V

000033033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1550 Madruga Avenue	1550 Madruga Avenue
Suite, Apt. #, etc.: Suite 120	Suite, Apt. #, etc.: Suite 120
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33146 Country: Miami-Dade	Zip: 33146 Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 47-0880464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark L. Rivlin

Street Address (P.O. Box Number is Not Acceptable): 1550 Madruga Avenue, Suite 120

City: Coral Gables, 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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nader Bayzid, Managing Member 1550 Madruga Avenue, Suite 120 Coral Gables, Florida 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: 4/21/03