


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027134</b> 1. Entity Name SUNRISE INVESTMENT COMPANY, LLC	
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Principal Place of Business 1501 ARGYLE DRIVE FORT MYERS, FL 33919	Mailing Address 1501 ARGYLE DRIVE FORT MYERS, FL 33919
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3655347	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

DUNN, BRIAN T  
1501 ARGYLE DRIVE  
FORT MYERS, FL 33919

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	U000000019719 01/29/04-80036-019 50.00
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, BRIAN T 1501 ARGYLE DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, SUSAN M 1501 ARGYLE DRIVE FORT MYERS, FL 33919
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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:** Susan M. Dunn 1/21/04 239-274-5410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #