04-07-2005 90135 001 ****12.50
04-07-2005 90135 002 ****12.50
04-07-2005 90135 003 ****12.50
04-07-2005 90135 004 ****12.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028853

FILED
05 APR 11 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA
L02000028853

1. Entity Name
SUNRISE PRODUCTIONS LLC

Principal Place of Business
~~1080 SE 3RD AVE~~ 1850 SE 17th St. Suite 300
FORT LAUDERDALE, FL 33316

Mailing Address
~~1080 SE 3RD AVE~~ 1850 SE 17th St Suite 300
FORT LAUDERDALE, FL 33316

30003187

02152005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3725077
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, PETER W
~~1080 SE 3RD AVE.~~ 1850 SE 17th St., Suite 300
FORT LAUDERDALE, FL 33316

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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 _____ 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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	PD
NAME	HUDSON, HARRIS W
STREET ADDRESS	~~1080 SE 3RD AVE~~ 1850 SE 17th St., Suite 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VD
NAME	HUDSON, STEVEN W
STREET ADDRESS	~~1080 SE 3RD AVE~~ 1850 SE 17th St., Suite 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	TD
NAME	WRIGHT, PETER W
STREET ADDRESS	~~1080 SW 3RD AVE~~ 1850 SE 17th St., Suite 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	SD
NAME	HUDSON, HOLLY J
STREET ADDRESS	~~1080 SE 3RD AVE~~ 1850 SE 17th St., Suite 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: Peter W. Wright 3/29/05 954-356-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #