2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 07, 2005 8:00 am Secretary of State 04-07-2005 90091 027 ***150.00 DOCUMENT # L02000031941 SUNRISE COMMERCE CENTER, L.L.C. 20027577 Principal Place of Business Mailing Address 731 SHOTGUN ROAD 731 SHOTGUN ROAD SUNRISE, FL 33326 SUNRISE, FL 33326 03312005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2194238 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, OSVALDO J DO NOT WRITE **7951 SW 40TH STREET SUITE 206** IN THIS SPACE MIAMI, FL 33155 8. The Sove 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, 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 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SOTO, JAIME REY NAME STREET ADDRESS 731 SHOTGUN ROAD CITY-ST-ZIP SUNRISE, FL 33326 MGR TITLE NAME EUGENIA REY, MARIA STREET ADDRESS 731 SHOTGUN ROAD CITY-ST-ZIP SUNRISE, FL 33326 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 reference or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-7IP

> SIGNATURE AND MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED