


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90138 007 ****50.00

DOCUMENT # L02000034490 1. Entity Name SUNSET ONE BUILDING, L.L.C.	
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Principal Place of Business 13643 DEERING BAY DRIVE NO. 136 CORAL GABLES, FL 33158	Mailing Address 13643 DEERING BAY DRIVE NO. 136 CORAL GABLES, FL 33158
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20012322

DO NOT WRITE IN THIS SPACE



02212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1170863	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REISMAN, JOSEPH B. 13643 DEERING BAY DRIVE NO. 136 CORAL GABLES, FL 33158

**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: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOSEPH 13643 DEERING BAY CORAL GABLES, FL 33158
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IN THIS SPACE**

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: <u>Joseph B Reisman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>2/26/06</u> <small>Date</small>	Daytime Phone # <u>305 358 2600</u> <small>Daytime Phone #</small>
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