


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90016 045 \*\*\*\*50.00

<b>DOCUMENT # L03000006079</b>					
<b>1. Entity Name</b> SUNBRECK PROPERTIES LIMITED COMPANY					
<b>Principal Place of Business</b> 8790 SW 57TH STREET COOPER CITY, FL 33328 US			<b>Mailing Address</b> 8790 SW 57TH STREET COOPER CITY, FL 33328 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0348655	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CHAN, ARDAN 8790 SW 57TH STREET COOPER, CITY, FL 33328			Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Ardan Chan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4/26/2004</i> <small>(NOTE: Registered Agent signature required when removing)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>ARDAN CHAN</i> <i>8790 SW 57TH ST,</i> <i>Cooper city, FL 33328</i>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Ardan Chan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <i>4/26/04</i> DAYTIME PHONE # <i>954-817-3507</i>		

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