


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000014720</b> 1. Entity Name <b>SUNSET INVESTMENT GROUP, L.L.C.</b>	
--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>9441 SW 65TH ST. MIAMI, FL 33173</b>	Mailing Address <b>9441 SW 65TH ST. MIAMI, FL 33173</b>
----------------------------------------------------------------------------	----------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>02-0689704</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent  <b>GUERRERO, PEDRO 6950 N. KENDALL DR. MIAMI, FL 33156</b>
---------------------------------------------------------------------------------------------------------------------------

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIRSTLINE TRADE, INC. 9441 SW 65TH ST. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAG CONSULTING CORP. 7632 SW 96TH CT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000547461  
05/12/06-80025-019 50.00

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:**     
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #