2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025363

1. Entity Name
SUNRISE OPERATIONS, LLC

Principal Place of Business	Mailing Address
15020 SOUTHWEST 74TH AVENUE MIAMI, FL 33158-2123	15020 SOUTHWEST 74TH AVENUE MIAMI, FL 33158-2123

DO NOT WRITE IN THIS SPACE

01052008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-0083772	Not Applicable

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

6. Name and Address of Current Registered Agent

ALAM, NASIR M
15020 SOUTHWEST 74TH AVENUE
MIAMI, FL 33158-2123

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 _____   1/7/08

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

U000000800597

01/31/08-80023-020 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ALAM, NASIR M
STREET ADDRESS	15020 SOUTHWEST 74TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331582123
TITLE	MGRM
NAME	ALAM, SHELLA M
STREET ADDRESS	15020 SW 74TH AVE.
CITY-ST-ZIP	MIAMI, FL 331582123
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

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: _____   1/7/08   (305) 669-2700

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