2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025691

Entity Name: 871 NW SUNRISE, LLC

NASCIMIENTO, JOSE L

522 SW 166 TERRACE

WESTON, FL 33326 US

Name:

Address:

City-St-Zip:

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 522 SW 166 TERRACE WESTON, FL 33326 **Current Mailing Address: New Mailing Address: 522 SW 166 TERRACE** WESTON, FL 33326 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HADDAD, JEAN 1641 SANDPIPER CIRCLE WESTON, FL 33327 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HADDAD, JEAN Name: Name: Address: 1641 SANDPIPER CIRCLE Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PLAZOLA, CARLOS Name: Address: 4133 AMBER WAY Address: City-St-Zip: WESTON, FL 33331 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition PLAZOLA, ROBERTO Name: Name: 4133 AMBER WAY Address: Address: City-St-Zip: WESTON, FL 33331 US City-St-Zip: () Delete Title: MGR Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEAN HADDAD MGR 04/30/2005