
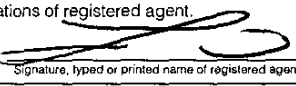
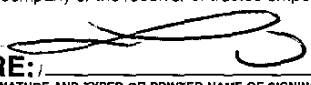


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 001 ****50.00

DOCUMENT # L03000036362 1. Entity Name SUNRISE COMMODITY TRADE, LLC			
Principal Place of Business 2853 EXECUTIVE PARK DR., STE. 201 WESTON, FL 33331		Mailing Address 2853 EXECUTIVE PARK DR., STE. 201 WESTON, FL 33331	
2. Principal Place of Business 4411 S.W. 173 WAY SW. Ranches Florida		3. Mailing Address 4411 S.W. 173 WAY SW. Ranches FL	
Zip 33331 Country U.S.A		Zip 33331 Country	
6. Name and Address of Current Registered Agent OLIVARES, LUIS A. 2853 EXECUTIVE PARK DR., STE. 201 WESTON, FL 33331		7. Name and Address of New Registered Agent Name LUIS A. OLIVARES Street Address (P.O. Box Number is Not Acceptable) 4411 S.W. 173 WAY City SW. Ranches FL Zip Code 33331	
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>		DATE Apr. 30/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Luis A. Olivares 2741 Executive Park Drive, Ste 4 Weston, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE Apr. 30/04 <small>Daytime Phone #</small>	