

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036362

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** SUNRISE COMMODITY TRADE, LLC

**Current Principal Place of Business:**

4911 SW 173 WAY  
SW RANCHES, FL 33331

**New Principal Place of Business:**

2700 GLADES CIRCLE  
SUITE 103  
WESTON, FL 33327

**Current Mailing Address:**

4911 SW 173 WAY  
SW RANCHES, FL 33331

**New Mailing Address:**

2700 GLADES CIRCLE  
SUITE 103  
WESTON, FL 33327

**FEI Number:** 56-2438673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVARES, LUIS A  
4911 SW 173 WAY  
SW RANCHES, FL 33331 US

**Name and Address of New Registered Agent:**

OLIVARES, LUIS A  
2700 GLADES CIRCLE  
SUITE 103  
WESTON, FL 33327 US

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:** LUIS A. OLIVARES

04/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** OLIVARES, LUIS A  
**Address:** 2741 EXECUTIVE PARK DRIVE, STE 4  
**City-St-Zip:** WESTON, FL 33331

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** OLIVARES, LUIS A  
**Address:** 2700 GLADES CIRCLE, SUITE 103  
**City-St-Zip:** WESTON, FL 33327

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.

**SIGNATURE:** LUIS A. OLIVARES

MGR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date