


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90192 029 \*\*\*150.00

**DOCUMENT # L03000037411**

1. Entity Name  
**SUNSHINE BELT MANAGEMENT, LLC**



Principal Place of Business  
**825 BRICKELL BAY DRIVE, SUITE 246  
 MIAMI, FL 33131**

Mailing Address  
**825 BRICKELL BAY DRIVE, SUITE 246  
 MIAMI, FL 33131**

**24011463**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**Suite 250**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Suite 250**

02102004 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**86-1096162**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**ALWINE, ROBERT  
 825 BRICKELL BAY DRIVE, SUITE 246  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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: **Robert J. Alwine** DATE: **2/12/2004**

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ALWINE, ROBERT<br>825 BRICKELL BAY DRIVE, SUITE 246<br>MIAMI, FL 33131 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ALWINE, SUSAN<br>825 BRICKELL BAY DRIVE, SUITE 246<br>MIAMI, FL 33131 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

10. ADDITIONS/CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Alwine, Robert<br>825 Brickell Bay Drive, Suite 250<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Alwine, Susan<br>825 Brickell Bay Drive, Suite 250<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  **Robert J. Alwine** DATE: **2/12/2004** 305 530-9221

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