

FILED
Sep 24, 2004 8:00 am
Secretary of State

07-23-2004 90068 019 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000041617 1. Entity Name SUNRISE-OAKLAND PARK, LLC																															
Principal Place of Business 2255 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483		Mailing Address 2255 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483																													
2. Principal Place of Business 3696 N. Federal Hwy Suite, Apt. #, etc. 200		3. Mailing Address 3696 N. Federal Hwy Suite, Apt. #, etc. 200																													
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL																													
Zip 33308		Zip 33308																													
Country Broward		Country Broward																													
4. FEI Number 20-153 4869		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent KEHRES, GRANT W 2000 GLADES ROAD, SUITE 302 BOCA RATON, FL 33431																															
7. Name and Address of New Registered Agent Name Morgan Real Estate Street Address (P.O. Box Number is Not Acceptable) 3696 N. Federal Highway Suite 200 City Fort Lauderdale, FL Zip Code 33308																															
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 <u><i>Sandra Simpson</i></u> DATE <u><i>8/13/2004</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)																															
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP Mr. Ma Long, MANAGING MEMBER 2054 N. Bay Rd. Miami, FL 33140 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP Mr. Ma Long, MANAGING MEMBER 2054 N. Bay Rd. Miami, FL 33140	☐ Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition												
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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: <u><i>Sandra Simpson</i></u> DATE <u><i>8/13/04</i></u> DAYTIME PHONE # <u><i>954-563-8600</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																															

34010535





Attached
34010535

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 31, 2004

SUNRISE-OAKLAND PARK, LLC
3696 N FEDERAL HWY
2200
FORT LAUDERDALE, FL 33308

Subject: **SUNRISE-OAKLAND PARK, LLC**

Reference Number: **L03000041617**

9/21/04
See attachment!
Thanks, Sandra
Simpson

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rg

ANNUAL REPORTS SECTION

