

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90109 031 ****50.00

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07052005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000042695 1. Entity Name SUNRISE UTILITIES, L.L.C.			
Principal Place of Business 147 PARSONS ROAD LONGWOOD, FL 32779		Mailing Address 147 PARSONS ROAD LONGWOOD, FL 32779	
2. Principal Place of Business 20 W. TROPICAL WAY Suite, Apt. #, etc.		3. Mailing Address 20 W. TROPICAL WAY Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL Zip 33317		City & State FORT LAUDERDALE, FL Zip 33317	
4. FEI Number 20-0357527		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELDON, STUART 20 W. TROPICAL WAY FORT LAUDERDALE, FL 33317		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELDON, STUART 20 W. TROPICAL WAY FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Stuart Sheldon</i>		Date 7-5-05	Daytime Phone # 954-983-6500