
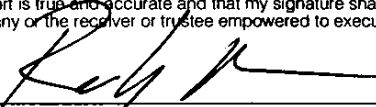


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90030 049 \*\*\*138.75

<b>DOCUMENT # L03000051536</b>			
1. Entity Name <b>SUNRISE LAKES, LLC</b>			
Principal Place of Business <b>8 BROADWAY AVENUE SUITE 218 KISSIMMEE, FL 34741</b>		Mailing Address <b>8 BROADWAY AVENUE SUITE 218 KISSIMMEE, FL 34741</b>	
2. Principal Place of Business - No P.O. Box # <b>202 Broadway</b>		3. Mailing Address <b>202 Broadway</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>KISSIMMEE, FLORIDA</b>		City & State <b>KISSIMMEE, FLORIDA</b>	
Zip <b>34741</b>	Country <b>US</b>	Zip <b>34741</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>LANDIS, DAVID M 225 E. ROBINSON STREET SUITE 600 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SHEIVE, RANDY L 8 BROADWAY AVENUE, SUITE 218 KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>202 BROADWAY KISSIMMEE, FL 34741</b> <input checked="" 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 exemptions contained in Chapter 119, 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: 		Date: <b>4.18.08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

60037254



04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-1225467**

Applied For  
☐ Not Applicable

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