## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Jawel Cwallos SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L04000020119

1. Entity Name SUNSET EXPRESS REALTY, LLC



FILED Jul 27, 2005 8:00 am Secretary of State

07-27-2005 90014 008 \*\*\*\*55.00

05 (954) 303-3123

CRY-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 cett. that I am a managing member or manager of the			·											
Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  Cry & State  Cly & State  Cly & State  Country  Zo  Country  Zo  S. Country  Applied For  Name and Address of Current Registered Agent  T. Name and Address of Sutus Desired  S. Hume and Address of Current Registered Agent  T. Name and Address of New Registered Agent  CEVALLOS, DAVID H  5433 SW 186 WAY  MIRAMAR, FL 33029  City  FL  Zo Code  S. The above named only 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.  City  FL  Zo Code  S. The above named only 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  THING Foe in \$50.00  FILING FOE in \$50.00  FOE flequines Foe in \$50.00  FOE flequines Foe in \$50.00  FILING FOE in \$50.00  FOE flequines Foe in \$50.00  FILING FOE in \$50.00  FOE flequines Foe in \$50.00  FOE flequines Foe in \$50.00  FILING FOE in \$50.00  FOE flequines Foe in \$50.00  FOE fleq	8910 MIRAMAR PARKWAY SUITE 311				8910 MIRAMAR PARKWAY SUITE 311					-				
City & State  Country	2. Principal Place of Business				3. Mailing Address									
ZepCountry	Suite, Apt. #, etc.				Suite, Apt. #, etc.				07232005	Chg-L	LC	CR2E	083 (10/03	)
Section   Sect	City & State				City & State				4. FEI Numl	8741	81	_	<del></del>	<del>·· · · · · · · · · · · · · · · · · · ·</del>
Name   Street Address (P.O. Box Number is Not Acceptable)	. Zip _	ZipCountry			Zip Country			-					\$5.00 A	dditional
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Cur	rent Regis	stered Agent	-,			7. Name an	d Address	of New Re	gistered	Agent	
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Co			· · · · · · · · · · · · · · · · · · ·				Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Filling Fee is \$50.00	5433 SW 186 WAY				Street Addre			Idress (	s (P.O. Box Number is Not Acceptable)					
the obligations of registered agent.  SIGNATURE    Filing Fee is \$50.00   Make check payable to Florida Department of State	City											FL	Zip Co	de
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timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	Indicated	on uns repor	n is irue and accurate	and that n	nv signature shal	li have the san	ne lecal effect	tas if m	iade under oat	h: that Iam	itatutes. I f a managir	urther ce ng memb	tify that the er or manag	information per of the