

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-23-2005 90155 018 ****50.00

DOCUMENT # L04000026979					
1. Entity Name SUNSET ONE PROPERTIES, LLC					
Principal Place of Business 4601 PONCE DE LEON BLVD., SUITE 300 ATTN: ROBERT G. BERRIN CORAL GABLES, FL 33146			Mailing Address 4601 PONCE DE LEON BLVD., SUITE 300 ATTN: ROBERT G. BERRIN CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-1956800				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERRIN, ROBERT G 4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33146			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERRIN, ROBERT G 4601 PONCE DE LEON BLVD., STE 300 CORAL GABLES, FL 33146 ☐ Delete		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 606, Florida Statutes.					
SIGNATURE:			2/17/05 (315) 663 6633		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Paying Phone #					

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