
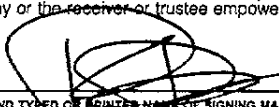


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BERRIN, ROBERT G 4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE
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>		
Filing Fee is \$50.00 Due by May 1, 2006		04272006 No Chg-LLC CR2E083 (11/05) 4. FEI Number 59-1956800 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required 1000000546432 05/11/06-80117-014 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERRIN, ROBERT G 4601 PONCE DE LEON BLVD., STE 300 CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4-27-06 (305) 663 6633
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>