

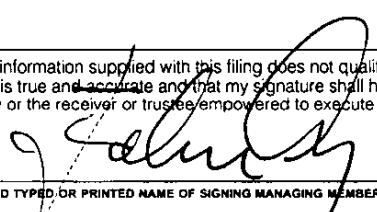


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 AM 8:48

DOCUMENT # L04000035914 1. Entity Name SUNRISE PROPERTY MANAGEMENT, L.L.C.					
Principal Place of Business 23276 SOUTH POINT DRIVE SUITE 1 LAGUNA HILLS, CA 92653			Mailing Address 23276 SOUTH POINT DRIVE SUITE 1 LAGUNA HILLS, CA 92653		
2. Principal Place of Business 23276 South Pointe Drive		3. Mailing Address 23276 South Pointe Drive			
Suite, Apt. #, etc. 112		Suite, Apt. #, etc. 112		10202006 REIN-LLC CR2E101 (11/05)	
City & State LAGUNA HILLS		City & State LAGUNA HILLS		4. FEI Number 73-1704020	
Zip 92653		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMUS, SILVIA 1001 36TH STREET #M-33 WEST PALM BEACH, FL 33407				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOBRICI, ALBERTO 23276 SOUTH POINTE DRIVE, SUITE 112 LAGUNA HILLS, CA 92653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS RUSSO, FABIO 23276 SOUTH POINTE DRIVE, SUITE 112 LAGUNA HILLS, CA 92653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.			200081741692 11/13/06--01049--011 **150.00 REINSTATEMENT 2006		
SIGNATURE: 			11-8-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		