

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039666

1. Entity Name
SUNRISE EAST LLC



Principal Place of Business
**907 INTRACOASTAL DRIVE
SUITE #8
FORT LAUDERDALE, FL 33304**

Mailing Address
**907 INTRACOASTAL DRIVE
SUITE #8
FORT LAUDERDALE, FL 33304**



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-6245033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUATTROCCHI, JOHN
907 INTRACOASTAL DRIVE
SUITE #8
FORT LAUDERDALE, FL 33304**

**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

Signature typed or printed name of registered agent, and the fee, if applicable

NOTE: Registered Agent signature required when terminating

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000393607
02/01/06-80019-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
QUATTROCCHI, JOHN
907 INTRACOASTAL DRIVE
FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-16-06

401-231-3700

Date

Daytime Phone #