

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039666

Entity Name: SUNRISE EAST LLC

FILED  
Feb 05, 2008  
Secretary of State

## Current Principal Place of Business:

907 INTRACOASTAL DRIVE  
SUITE #8  
FORT LAUDERDALE, FL 33304

## New Principal Place of Business:

907 INTRACOASTAL DRIVE  
FORT LAUDERDALE, FL 33304

## Current Mailing Address:

907 INTRACOASTAL DRIVE  
SUITE #8  
FORT LAUDERDALE, FL 33304

## New Mailing Address:

888 INTRACOASTAL DRIVE  
SUITE #8A  
FORT LAUDERDALE, FL 33304

FEI Number: 03-6245033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

QUATTROCCHI, J E  
888 INTRACOASTAL DRIVE  
SUITE #8A  
FORT LAUDERDALE, FL 33304 US

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.

SIGNATURE: J. E. QUATTROCCHI

02/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: QUATTROCCHI, JOHN  
Address: 907 INTRACOASTAL DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: QUATTROCCHI, J E  
Address: 888 INTRACOASTAL DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J. E. QUATTROCCHI

MGR

02/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date