2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000058489

1. Entity Name TRG SUNNY ISLES HOLDINGS, LLC



FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90085 001 ***110.00

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1 '	e of Business	Mailing Address					
2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145		2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145			30003473		
2. Principal Place of Business		3. Mailing Address		····			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02102005 Chg-LLC CR2E083 (10/03)		
City & State		City & State			4. FEI Number Applied For Not Applied For		
Zíp	Country	Zíp	Country	· -	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		
	NET ALIOE!		Name				
HERNANDEZ, ANGEL 2828 CORAL WAY, PENTHOUSE SUIT MIAMI, FL 33145		E	Street	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							
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State		
9.	MANAGING MEMBI	FRS/MANAGERS	10.		ADDITIONS/CHANGES		
TITLE		☐ Delete	TITLE	MA	S-MR □ Change ☑ Addition		
NAME		_ 	NAME	TRE	CHR Change Addition Change Addition CLCOM DEVELOPMENT, LTD 28 CORALWAY, PH1 AMI FL 33145		
STREET ADDRESS			STREET ADDRESS	282	28 CORALWAY, PH1		
CITY-ST-ZIP			CITY-ST-ZIP	MIA	AMI FL 33145		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS			NAME STREET ADDRESS		·		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	·	Change Addition		
NAME			NAME				
Street address City-St-Zip			STREET ADDRESS CITY-ST-ZIP				
TITLE				 			
NAME		☐ Delete	TITLE NAME		Change Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change Addition		
NAME ATTEST ADDRESS			NAME				
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY+ST-ZIP				
TITLE		□ Delete	TITLE	 -	· Change Addition		
NAME		L Delete	NAME		· _ Change _ Adulit		
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-ZIP		·	CITY-ST-ZIP				

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 608, Florida Statutes.

SIGNATURE: VICE-PRESIDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

VICE-PRESIDENT