

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058625

FILED  
May 01, 2008  
Secretary of State

Entity Name: SUNWEST, L.L.C.

**Current Principal Place of Business:**

11050 SW 184 STREET  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

11050 SW 184 STREET  
MIAMI, FL 33157 US

**New Mailing Address:**

FEI Number: 22-3902630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROTH-CORTINA, LINDA  
55 MIRACLE MILE  
SUITE 310  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

ROTH, LINDA  
55 MIRACLE MILE  
SUITE 310  
CORAL GABLES, FL 33134 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: LINDA ROTH

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HANNA, BARRY  
Address: 11050 SW 184 STREET  
City-St-Zip: MIAMI, FL 33157 US

Title: MGR ( ) Delete  
Name: HANNA, SONIA  
Address: 11050 SW 184 STREET  
City-St-Zip: MIAMI, FL 33157 US

Title: MGR (X) Delete  
Name: BERTEMATTI, ARMANDO  
Address: 11050 SW 184 STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Delete  
Name: TRIPODO, MICHAEL  
Address: 11050 SW 184 STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Delete  
Name: HANNA, GEORGE  
Address: 11050 SW 184 STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Delete  
Name: GARCIA, RUBEN  
Address: 11050 SW 184 STREET  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARRY HANNA

MGRM

05/01/2008

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