


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-23-2005 90154 002 ****50.00

DOCUMENT # L04000061390 1. Entity Name SUNRISE LLC			
Principal Place of Business 285 FIRE ESCAPE ROAD ST. MARKS FL 32355		Mailing Address PO BOX 683 ST. MARKS FL 32355	
2. Principal Place of Business 285 FIRE ESCAPE RD		3. Mailing Address PO BOX 683	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST MARKS FL		City & State ST MARKS FL	
Zip 32355		Zip 32355	
Country FLORIDA		Country FLORIDA	
4. FEI Number 74-3128731		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNLAP, CHARLES L 285 FIRE ESCAPE ROAD ST. MARKS FL 32355		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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME DUNLAP, CHARLES L STREET ADDRESS 285 FIRE ESCAPE ROAD CITY-ST-ZIP ST. MARKS FL 32355	<input type="checkbox"/> Change <input type="checkbox"/> Addition	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Charles L Dunlap</i>		2/18/05 294 1883	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			