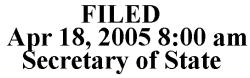
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L04000063550 1. Entity Name TRG SUNNY ISLES VI, LLC						Secretary of State 04-18-2005 90073 003 ****55.00				
Principal Place 2828 CORAL		RAL WAY, PENTHOUSE SUITE			\$00940zv					
MIAMI, FL 33145 MIAMI, FL 33145						 	I EBRII BIBII BBIII BBIII BB	IN DOTIN ORIĜO HIJOF O		
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 Applicable				
Zip			Countr	y 		5. Certificate of Status Desired S5.00 Addit Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
HERNANDEZ, ANGEL 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)						
IVIIAIVII, I L	33143				•					
				City FL Zip Code						
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered	d office o	r registeri	ed agent, or bo	th, in the State of Flo	orida. I am fami	liar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstaining) DATE										
Filing Fee is \$50.00 Due by May 1, 2005								e check paya a Department		e
9.	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	/CHANGES		
TITLE NAME		☐ Delete	TITLE NAME		MG	MR SUNNYI	=sles, LTD	,	Change	Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	282 MI	2 BCORN	sles, LTD LWAY, L L33/VS	TD.		•
TITLE NAME	☐ Oelete		TITLE	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET	STREET ADDRESS CITY+ST-ZIP						
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	☐ Delete		TITLE	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET	STREET ADDRESS CITY-ST-ZIP						
TITLE	☐ Delete		TITLE	TITLE				. 🗆	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS						
TITLE		☐ Delete	CITY-S TITLE	11-41r					Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS						
CITY-ST-ZIP CIT				T-ZIP						
11 Lhoroby o	ertify that the information supplied with t	his filing does not qualify for t	ha avam	ntion etal	and in Sac	tion 110 07/2\/	i) Elorida Statutos	I formbox contifer t	has sha in	.faatia

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

ANGEL HERNANDEZ

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