

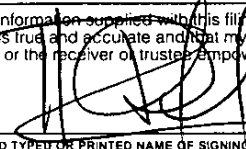


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90071 049 \*\*\*\*50.00

<b>DOCUMENT # L04000070300</b>					
<b>1. Entity Name</b> SUNRISE GATE GP, LLC					
<b>Principal Place of Business</b> 2875 NE 191 STREET #300 AVENTURA, FL 33180 US			<b>Mailing Address</b> 2875 NE 191 STREET #300 AVENTURA, FL 33180 US		
<b>2. Principal Place of Business</b> 2875 N.E. 191st Street Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Aventura, FL</b> Zip <b>33180</b> Country <b>USA</b>		<b>3. Mailing Address</b> 2875 N.E. 191st St. Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Aventura, FL</b> Zip <b>33180</b> Country <b>USA</b>			
<b>4. FEI Number</b> 20-2409643				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>01102006 Chg-LLC CR2E083 (11/05)</b>	
<b>6. Name and Address of Current Registered Agent</b> LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> WORK LEADER, LLC 2875 N.E. 191 STREET AVENTURA, FL 33180	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Work Leader, LLC</b> 2875 N.E. 191st Street, Suite 300 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> NM MANAGEMENT, LLC 18851 N.E. 29TH AVENUE, STE 105 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> 			Brandon S. Sual 4/29/06 305-935-1955		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		