

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000070300**

1. Entity Name

SUNRISE GATE GP, LLC



Principal Place of Business

2875 NE 191 STREET

SUITE 300

AVENTURA, FL 33180 US

Mailing Address

2875 NE 191 STREET

SUITE 300

AVENTURA, FL 33180 US



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2409643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.

20801 BISCAYNE BLVD.

SUITE 501

AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000729424  
05/08/07-80035-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WORK LEADER, LLC  
STREET ADDRESS 2875 NE 191ST STREET SUITE 300  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR  
NAME NM MANAGEMENT, LLC  
STREET ADDRESS 18851 N.E. 29TH AVENUE, STE 105  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/01/07