

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074138

Entity Name: SUNSET DRIVE PROPERTY, LLC

FILED  
Apr 24, 2007  
Secretary of State

**Current Principal Place of Business:**

DAVID A. RODRIGUEZ, M.D., P.A.  
1301 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

DAVID A. RODRIGUEZ, M.D., P.A.  
1301 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

LARREA & ORTEGA  
150 ALHAMBRA CIRCLE, SUITE 950  
CORAL GABLES, FL 33134    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      RODRIGUEZ, DAVID A M.D.  
Address:                      1301 PONCE DE LEON BOULEVARD  
City-St-Zip:                      CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID ROGRIGUEZ                      MGR                      04/24/2007

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