

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90027 041 ****50.00

DOCUMENT # L04000081323

1. Entity Name
SUNRISE-PINE ISLAND DEVELOPMENT, LLC



Principal Place of Business
**444 BRICKELL AVENUE STE. 210
 MIAMI, FL 33131**

Mailing Address
**C/O 1200 BRICKELL AVENUE STE. 900
 MIAMI, FL 33131**

20056560



2. Principal Place of Business
 Suite, Apt. #, etc.
210

3. Mailing Address
444 Brickell Avenue
 Suite, Apt. #, etc.
210

01072005 Chg-LLC CR2E083 (10/03)

City & State
Miami, Fla

Zip Country
33131 USA

4. FEI Number
20-1862701

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVENUE STE. 900
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
SUN-PINE PROPERTY MANAGERS, LLC

Street Address (P.O. Box Number is Not Acceptable)
444 Brickell Avenue Suite 210

City **Miami, FL** Zip Code **33131**

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]* SUN-PINE PROPERTY MANAGERS, LLC. DATE 04/27/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUN-PINE PROPERTY MANAGERS, LLC 444 BRICKELL AVENUE STE. 210 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* Carlos Rodriguez - Manager DATE 04/27/2005 DAYTIME PHONE # 305-372-5025

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