

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015843

FILED
May 13, 2006
Secretary of State

Entity Name: SUNRISE MARINE REAL ESTATE, L.L.C.

Current Principal Place of Business:

1450 HIGHWAY 98 WEST
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

1450 HIGHWAY 98 WEST
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 43-2072637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOSS, PHILIP M
1450 HIGHWAY 98 WEST
MARY ESTHER, FL 32569 US

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: MGRM () Delete
Name: REINHOLD, JOHN W
Address: 530 DOLPHIN AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: KOZAKAWICZ, PETER
Address: 6627 WATER STREET
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: FOSS, PHILIP M
Address: 328 ANTIQUA WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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

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

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: PHILIP M FOSS

MGMR

05/13/2006

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