

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033097

FILED
Mar 06, 2008
Secretary of State

Entity Name: FLORIDA SUNRISE HOLDINGS, L.L.C.

Current Principal Place of Business:

2735 SANTA BARBARA BLVD., SUITE 201
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

2735 SANTA BARBARA BLVD., SUITE 201
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-2675040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, CHRISTINE F ESQ
2735 SANTA BARBARA BLVD.
201
CAPE CORAL, FL 33914 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: LEIENDECKER, GUIDO
Address: 8843 TROPICAL COURT
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: LEIENDECKER, RUTH
Address: 8843 TROPICAL COURT
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: UNVERRICHT, RICHARD
Address: 2804 DEL PRADO BLVD, #209-4
City-St-Zip: CAPE CORAL, FL 33904

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 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: LEIENDECKER, RUTH

MGR

03/06/2008

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