2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

05-18-2007 90220 009 ****50.00

DOCUMENT # L05000037136

1. Entity Name
SUNSET POINTE INVESTORS, L.L.C.

Principal Place of Business	Mailing Address
C/O ALLEN R. GREENWALD	C/O ALLEN R. GREENWALD
7301 SW 57 COURT 565	7301 SW 57 COURT 565
CORAL GABLES, FL 33143	SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

30011106

05032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, GARY L ESQ
PHILLIPS, EISINGER & BROWN, P.A.
4000 HOLLYWOOD BOULEVARD, SUITE 265-S
HOLLYWOOD, FL 33021

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 September 14, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	GREENWALD, ALLEN R	
STREET ADDRESS	7301 SW 57 COURT 565	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		DO NOT WRITE
STREET ADDRESS		IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ 6-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #