

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048898

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE PINES AT SUNRISE, LLC

Current Principal Place of Business:

1400 E. OAKLAND PARK BLVD
STE 111
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1400 E. OAKLAND PARK BLVD
STE 111
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 20-2860662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPLOWITZ, DAVID
1400 E. OAKLAND PARK BLVD
STE 111
OAKLAND PARK, FL 33334 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: KOPLOWITZ, DAVID
Address: 1400 E. OAKLAND PARK BLVD
City-St-Zip: STE 111, FL 33334

Title: MGRM () Delete
Name: LEWIN, ISRAEL
Address: 1000 ISLAND BLVD, # 709
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: KOPLOWITZ, JOE
Address: 19955 N.E. 38TH CT # 2601
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LEWIN, ISRAEL
Address: 2600 ISLAND BLVD, # 904
City-St-Zip: AVENTURA, FL 33160

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: DAVID KOPLOWITZ

MGR

04/20/2009

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