
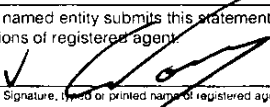
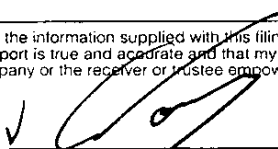


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 JUL -9 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000064837					
1. Entity Name SUNSET WEST LLC					
Principal Place of Business 5040 N.W. 7TH STREET, SUITE 710 MIAMI, FL 33126			Mailing Address 5040 N.W. 7TH STREET, SUITE 710 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 2655 LESEUNE RD. Suite, Apt. #, etc. # 1110		3. Mailing Address 2655 LESEUNE RD. Suite, Apt. #, etc. # 1110		05232007 Chg-LLC CR2E083 (12/06)	
City & State CORAL GABLES		City & State CORAL GABLES		4. FEI Number 14-1933063	
Zip 33134		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent POSSE, ARMANDO 5040 N.W. 7TH STREET, SUITE 710 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name ARMANDO POSSE Street Address (P.O. Box Number is Not Applicable) 2655 LESEUNE RD. # 1110 City CORAL GABLES FL Zip Code 33134		
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 			DATE 5/22/07		
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, RAFAEL N 5040 N.W. 7TH STREET, SUITE 710 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, RAFAEL N 2655 LESEUNE RD. # 1110 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300106264453 07/17/07--01026--023 **611.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: 			DATE 5/22/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		