

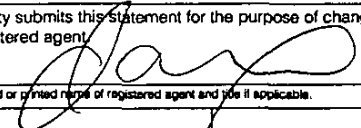
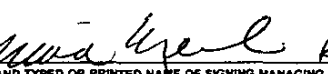


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 038 ****50.00

DOCUMENT # L05000073412							
1. Entity Name SUNNY ISLES ASSOCIATES, LLC							
Principal Place of Business 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131				
2. Principal Place of Business		3. Mailing Address		 02152006 Chg-LLC CR2E083 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 20-4485040 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent				
			Name GY Corporate Services, Inc.				
			Street Address (P.O. Box Number is Not Acceptable)				
			City Miami FL Zip Code 33131				
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 			f Mark J. Scheer, President 6/27/06				
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE		<input type="checkbox"/> Delete	TITLE	MEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Mervelo, Richard			
STREET ADDRESS			STREET ADDRESS	19051 Collins Avenue			
CITY-ST-ZIP			CITY-ST-ZIP	Sunny Isles FL 33160			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:  RICHARD MERVELO			Date 6/6/06		Daytime Phone # 213-627-5245		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							