

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 026 ****50.00

DOCUMENT # L05000084568

1. Entity Name
SUNSET INVESTMENTS, LLC



Principal Place of Business
**520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI, FL 33131**

2. Principal Place of Business
**3191 CORAL WAY
Suite, Apt. #, etc.
624**

3. Mailing Address
**3191 CORAL WAY
Suite, Apt. #, etc.
624**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33145 USA

Zip Country
33145 USA

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4091423** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **PAULO MELO**
Street Address (P.O. Box Number is Not Acceptable)
3191 CORAL WAY #624
City **MIAMI** FL Zip Code **33145**

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]* DATE **3/17/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TAVARES DE MELO, PAULO
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☐ Delete
NAME TAVARES DE MELO, EDUARDO
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 *[Signature]*

3/17/06

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