


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 15, 2006 8:00 am**  
**Secretary of State**

09-15-2006 90005 004 \*\*\*\*50.00

DOCUMENT # L05000086684	
1. Entity Name THE VIEW AT SUNNY ISLES, LLC	

Principal Place of Business 1200 BRICKELL AVENUE STE 900 MIAMI, FL 33131	Mailing Address 1200 BRICKELL AVENUE STE 900 MIAMI, FL 33131
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40104230



2. Principal Place of Business 350 E. Las Olas Blvd. Suite, Apt. #, etc. 1600 City & State Fort Lauderdale, FL Zip 33301 Country USA	3. Mailing Address 350 E. Las Olas Blvd. Suite, Apt. #, etc. 1600 City & State Fort Lauderdale, FL Zip 33301 Country USA
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09072006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, IC. 1200 BRICKELL AVENUE STE 900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Akerman Senterfitt, Attn: Mario A. Iglesias Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Blvd. Suite 1600 City Fort Lauderdale FL Zip Code 33301
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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

9/14/06

**Filing Fee is \$50.00**  
**Due by September 15, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANLUCK, THOMAS 1200 BRICKELL AVENUE STE 900 MIAMI, FL 33131 <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	MGR MCCLELLAN, THOMAS 1200 BRICKELL AVENUE STE 900 MIAMI, FL 33131 <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	MGR SICO, JEROME 1200 BRICKELL AVENUE STE 900 MIAMI, FL 33131 <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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mario A. Iglesias, Authorized Representative

9/14/06 954-463-2700