

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089578

Entity Name: SUN SILLUETTE PROPERTIES, L.L.C.

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

1090 NE 129TH STREET, #203
NORTH MIAMI, FL 33161

New Principal Place of Business:

4540 SW 154 PL
MIAMI, FL 33185

Current Mailing Address:

1090 NE 129TH STREET, #203
NORTH MIAMI, FL 33161

New Mailing Address:

4540 SW 154 PL
MIAMI, FL 33185

FEI Number: 20-3479330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONDEJAR, ARTHUR
1090 NE 129TH STREET, #203
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

MONDEJAR, ARTHUR
4540 SW 154 PL
MIAMI, FL 33185 US

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:

01/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONDEJAR, ARTHUR
Address: 1090 NE 129TH STREET, #203
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGR () Delete
Name: RAMIREZ, DOLORES F
Address: 4540 SW 154TH PLACE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MONDEJAR, ARTHUR
Address: 4540 SW 154 PL
City-St-Zip: MIAMI, FL 33185

Title: MGR (X) Change () Addition
Name: RAMIREZ, DOLORES F
Address: 4540 SW 154 PL
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR MONDEJAR

MGR

01/23/2007

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