

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093176

Entity Name: SUNRISE LEASING, LLC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

4100 N POWERLINE ROAD SUITE 5-F
POMPANO BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

4100 N POWERLINE ROAD SUITE 5-F
POMPANO BEACH, FL 33073

New Mailing Address:

FEI Number: 20-3520834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

COMPREHENSIVE BUSINESS SERVICES
6801 LAKE WORTH,
SUITE 104
LAKE WORTH, FL 33467 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: STAN BERLA

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIAS, ELCIMAR D
Address: 4100 N POWERLINE ROAD SUITE 5-F
City-St-Zip: POMPANO BEACH, FL 33073

Title: MGR () Delete
Name: DA COSTA DIAS, ENOQUE
Address: 4100 N POWERLINE ROAD SUITE 5-F
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DIAS, ELCIMAR D
Address: 4100 N POWERLINE ROAD SUITE 5-F
City-St-Zip: POMPANO BEACH, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELCIMAR DIAS

P

04/26/2006

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