FILED May 10, 2007 8:00 am Secretary of State

| 2007 | LIMITED LIABILITY COMPANY | 7 |
|------|---------------------------|---|
| | ANNUAL REPORT | |

| | | 71111071 | | | | | | | • | | |
|--|---------------------------|---------------------------------------|--|--------------------|--|--------------|-------------------|-------------------------|-----------------------------------|-----------------------------|--------------|
| DOCUMENT # L05000094473 1. Entity Name SUNSET ACQUISITIONS GROUP, LLC | | | | | | | 05-10-200′ | | 014 ****5 | 50.00 | |
| Principal Place | e of Business | · · · · · · · · · · · · · · · · · · · | Mailing Address | | | | • | -600202 | , | | |
| 27 NORTH SU | JMMERLIN AV | /ENUE | 27 NORTH SUMMERLIN | I AVENU | ΙE | | | | | | |
| ORLANDO, FL | | US | ORLANDO, FL 32801 | US | | | | | | | |
| , | | | | | | | | | | en esen (8385 III | 681 101 18R1 |
| 2. Principal Pl | lace of Busine | ss - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04232007 | Chg-LLC | CR2E0 | 083 (12/06) | | |
| City & State | 9 | | City & State | | | | 4. FEI Numb | | | | plied For |
| <u>.</u> | | | | | | | 20-352 | (83// | | | t Applicable |
| Zip | Zip Country | | Zip Coun | | itry | | | | \$5.00 Additional Fee Required | | |
| | 6. Name a | and Address of Current | Registered Agent | | | | 7. Name and | d Address of New F | Registered / | Agent | |
| | | | | | Name | | | | | | |
| STONE, STEPHEN M ESQUIRE 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 311231100 | ., 0200 | • | | | | | | | | | |
| • | | | | | City | | | | FL | Zip Code | 9 |
| | | | or the purpose of changing its | register | ed office or | register | ed agent, or bo | oth, in the State of Fl | | | and accept |
| • . | ions of registe | red agent. | | | | | | | | | ! |
| *SIGNATURE . | Signature, typed o | r printed name of registered agen | and title if applicable (NO? | E. Registere | ed Agent signate | vie required | when reinstating) | | DATE | | |
| Fi D: | iling Fee is ue by May | \$50.00 1, 2007 | | | | | | , | - | payable to nent of State | 9 |
| 9. | | MANAGING MEMB | ERS/MANAGERS | 10. | | | | ADDITIONS | /CHANGES | 3 | |
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| NAME | | | | | ME . | | | | | _ • | |
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| CITY-ST-ZIP | WESTBURY, NY 11590 | | | | | | | | | | |
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| NAME | LUTHRA, VIJAY | | | NAN | | ith | RA VIJAY | & Luthan | KILA | _ • | _ |
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| STREET ADDRESS | | | | STR | EET ADORESS | 27 1 | Joath Sur | mertin AVE | • | | |
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| | cartify that the | information authorized wi | th this filing does not qualify fo | and the same | nontic co | ontained | in Chanter 119 | 1. Florida Statutes 1 | further certi | fy that the info | ormation |
| indicated | dering that the | t is true and accurate an | th this filing does not qualify to d that my signature shall have ee empowered to execute this | the sam | ne legal effe | oct as if | made under oa | th; that I am a mana | aging memb | er or manage | er of the |
| limited lia | ability compan | y or the receiver of trust | ee empowered to execute this | report a | as required | by Chap | oter 608, Florida | a Statutes. | | | |
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| SIGNAT | rure. | awsell | OF SIGNING MANAGING MEMBER, MA | 16 N | NIMA | 1.4 | 4/2 | 23/07 4 | 04-64 | 788 | 1 ð |
| 1 2.2.17 | SIGNATURE | W TYPED OR SINTED NAME | OF SIGNING MANAGING MEMPER MA | NAGER O | R AUTHORIZE | D REPRES | ENTATIVE | Date | | Daytime Phone # | |

SADIQUE JAILER