

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094873

**FILED**  
**Feb 10, 2006**  
**Secretary of State**

**Entity Name:** 8200 W. SUNRISE ASSOCIATES, LLC

**Current Principal Place of Business:**

95 S. FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

95 S. FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUTAIA, ANTHONY  
95 S. FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON,, FL 33432 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR                      ( ) Change (X) Addition  
Name:                      ANTHONY, CUTAIA F MGRM  
Address:                      95 S FEDERAL HWY SUITE 200  
City-St-Zip:                      BOCA RATON, FL 33432

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: ANTHONY CUTAIA                      MGRM                      02/10/2006

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