

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113629

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUNSET INTERNATIONAL CENTER HOLDINGS LLC

Current Principal Place of Business:

730 WEST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

730 WEST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 26-4639177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSITZ, MARC
550 BILTMORE WAY, SUITE 700
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: WESTON, KENNETH
Address: 7765 S.W. 87TH AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 3173

Title: MGRM () Delete
Name: SCHOLL, GEORGE H
Address: 730 WEST BROWARD BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: GIBSON, O. FORD
Address: 1500 SAN REMO AVENUE, SUITE 251
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: O. FORD GIBSON

MGRM

04/28/2008

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