


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000116897 1. Entity Name SUNSET CONSTRUCTION LLC					
Principal Place of Business 10881 NW 29TH STREET MIAMI, FL 33172			Mailing Address 10881 NW 29TH STREET MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04122006 Chg-LLC CR2E083 (11/05)	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARANGES, MIGUEL A 10881 NW 29TH STREET MIAMI, FL 33172				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARANGES, RAMON 10881 NW 29TH STREET MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARANGES, MIGUEL A 10881 NW 29TH STREET MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			200073990562 05/04/06--01020--027 **200.00		
SIGNATURE: <i>Ramon Maranges</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/18/06 Daytime Phone #		