


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90123 001 ***550.00

DOCUMENT # L05000117409

1. Entity Name
SUNRISE ON THE GREEN, LLC



Principal Place of Business Mailing Address
7270 NW 12TH STREET **7270 NW 12TH STREET**
100 **100**
MIAMI, FL 33126 US **MIAMI, FL 33126 US**

2. Principal Place of Business 3. Mailing Address
13794 N.W. 4 St. **13794 N.W. 4 St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 200 **Ste. 200**

City & State City & State
Sunrise, FL **Sunrise, FL**
 Zip Country Zip Country
33325 **USA** **33325** **USA**

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-3934577 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

SCHANERMAN, RICHARD L
ONE SE THIRD AVENUE
28TH FLOOR
MIAMI, FL 33126

7. Name and Address of New Registered Agent

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 _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERMONT DEVELOPMENT, LLC 7270 NW 12TH STREET, SUITE 100 MIAMI, FL 33126	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Joseph H. Perez 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael T. Montero 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Michael T. Montero, Manager Date: 4/26/06 Daytime Phone #: 954-837-0456