

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000122421

1. Entity Name
FN SUNRISE LLC



Principal Place of Business
575 MADISON AVENUE, 23RD FLOOR
C/O MIKI NAFTALI
NEW YORK, NY 10022 US

Mailing Address
575 MADISON AVENUE, 23RD FLOOR
C/O MIKI NAFTALI
NEW YORK, NY 10022 US

FILED
07 JUN -8 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06062007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 20-4024825	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131

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IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NAFTALI, MIKI
STREET ADDRESS	575 MADISON AVENUE, 23RD FLOOR
CITY, ST, ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #