

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000122541

**FILED**  
**Dec 07, 2006**  
**Secretary of State****Entity Name:** SUNSET LANDINGS 208, LLC**Current Principal Place of Business:**1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 20-4006957**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RAULIN, KURT A  
1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**GUARCH, JR., J. M  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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: J.M. GUARCH, JR.

12/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: HERNANDEZ, OMAR A  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134Title: MGR ( ) Delete  
Name: BOSCHETTI, LUIS R  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES:**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 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: OMAR A HERNANDEZ

MGR

12/07/2006

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