

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009738

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUNRISE CAPITAL PARTNERS, L.L.C.

Current Principal Place of Business:

2875 N.E. 191 STREET, SUITE 605
AVENTURA, FL 33180

New Principal Place of Business:

1401 BRICKELL AVENUE
440
MIAMI, FL 33131

Current Mailing Address:

2875 N.E. 191 STREET, SUITE 605
AVENTURA, FL 33180

New Mailing Address:

1401 BRICKELL AVENUE
440
MIAMI, FL 33131

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ALEXANDRA J ESQ.
2875 N.E. 191 STREET, SUITE 801
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SANCHEZ, ALEXANDRA J ESQ.
2875 N.E. 191 STREET
801
AVENTURA, FL 33180 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AROYA CORP.,
Address: 2875 N.E. 191 STREET, SUITE 801
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AROYA CORP.,
Address: 1401 BRICKELL AVENUE , SUITE 440
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BEEKMAN, GAVIN
Address: 1401 BRICKELL AVENUE , SUITE 440
City-St-Zip: MIAMI, FL 33131

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: JOE ACKERMAN

D

04/30/2008

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