

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90028 037 ****50.00


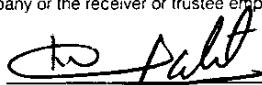
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03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4241016** Applied For
Not Applicable

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

DOCUMENT # L06000012300					
1. Entity Name SUNRISE COMMERCIAL PROPERTIES, LLC					
Principal Place of Business 3624 POMPAÑO COURT GOTHA, FL 34744			Mailing Address 3624 POMPAÑO COURT GOTHA, FL 34744		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATEL, MINESH 3624 POMPAÑO COURT GOTHA, FL 34744			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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATELL, KETAN S		NAME		
STREET ADDRESS	15103 E. MATISSE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LA MIRADA, CA 90638		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATELL, SUZY		NAME		
STREET ADDRESS	15103 E. MATISSE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LA MIRADA, CA 90638		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESAI, PARESH		NAME		
STREET ADDRESS	18 MARSHALL ROAD		STREET ADDRESS		
CITY-ST-ZIP	HILLSBOROUGH,		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESAI, FALGUNI		NAME		
STREET ADDRESS	18 MARSHALL ROAD		STREET ADDRESS		
CITY-ST-ZIP	HILLSBOROUGH,		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, MINESH		NAME		
STREET ADDRESS	3624 POMPAÑO COURT		STREET ADDRESS		
CITY-ST-ZIP	GOTHA, FL 34744		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, PADMAJA		NAME		
STREET ADDRESS	3624 POMPAÑO COURT		STREET ADDRESS		
CITY-ST-ZIP	GOTHA, FL 34744		CITY-ST-ZIP		
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: 			Date: 3/12/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Daytime Phone #