

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90309 012 ****50.00

DOCUMENT # L06000025748	
1. Entity Name 1515 SUNSET LLC	

Principal Place of Business 2665 S. BAYSHORE DRIVE, SUITE 601 COCONUT GROVE, FL 33133	Mailing Address 2665 S. BAYSHORE DRIVE, SUITE 601 COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD J ESQ.
HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Richard J Razook, Esquire
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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LORIE, CATHERINE H	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 601	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Catherine H Lorie 2/6/07 305-285-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #