

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031104

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUNRISE FIVE, LLC

Current Principal Place of Business:

5143 KIOWA DRIVE
FRISCO, TX 75034

New Principal Place of Business:

Current Mailing Address:

5143 KIOWA DRIVE
FRISCO, TX 75034

New Mailing Address:

FEI Number: 20-4625128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWAN, DENISE H
221 MCKENZIE AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, STEVEN
Address: 5143 KIOWA DRIVE
City-St-Zip: FRISCO, TX 75034

Title: MGRM () Delete
Name: ANDERSON, SANDRA
Address: 5143 KIOWA DRIVE
City-St-Zip: FRISCO, TX 75034

Title: MGRM () Delete
Name: WARD, MICHAEL
Address: 9732 WINDBURN DRIVE
City-St-Zip: PLANO, TX 75025

Title: MGRM () Delete
Name: WARD, LORI
Address: 9732 WINDBURN DRIVE
City-St-Zip: PLANO, TX 75025

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: SANDRA ANDERSON

MRS

04/28/2008

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