

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051801

FILED
Apr 17, 2007
Secretary of State

Entity Name: SUNRISE PROPERTY III, LLC

Current Principal Place of Business:

14100 PALMETTO FRONTAGE ROAD
SUITE 300
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14100 PALMETTO FRONTAGE ROAD
SUITE 300
MIAMI LAKES, FL 33016

New Mailing Address:

2331 SW 82 PLACE
MIAMI, FL 33155

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROAD AND CASSEL, PA
ATTN: VIVIAN DE LAS CUEVAS-DIAZ
2 SOUTH BISCAYNE BLVD., 21ST FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BEATRIZ, GOMEZ
2331 SW 82 PLACE
MIAMI, FL 33155 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: BEATRIZ GOMEZ

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMEZ, BEATRIZ
Address: 14100 PALMETTO FRONTAGE ROAD
City-St-Zip: MIAMI LAKES, FL 33016

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ, BEATRIZ
Address: 2331 SW 82 PLACE
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Change (X) Addition
Name: GOMEZ, ELIEZER
Address: 2331 SW 82 PLACE
City-St-Zip: MIAMI, FL 33155

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: BEATRIZ GOMEZ

MGMR

04/17/2007

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