


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000071304</b> 1. Entity Name <b>SUNSET WEST MEDICAL CENTER FUNDING, LLC</b>	
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Principal Place of Business <b>999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134</b>	Mailing Address <b>999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>11-3785051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CARLOS, THOMAS P  
999 PONCE DE LEON BLVD, #1000  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS FAMILY TRUST 999 PONCE DE LEON BLVD., #1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS PORPERTIES, LTD 999 PONCE DE LEON BLVD, #1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS PETER CARLOS REVOCABLE TRUST 999 PONCE DE LEON BLVD, #1000 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*ck 115 1/30/08*

000000835260  
02/29/08-80027-015 138.75

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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: *Thomas P. Carlos* *1/30/08* *305 937 8911*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #