2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L06000071304

Entity Name: SUNSET WEST MEDICAL CENTER FUNDING, LLC

Current Principal Place of Business:

999 PONCE DE LEON BOULEVARD STE 1000
CORAL GABLES, FL 33134

New Principal Place of Business:

90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33133

Current Mailing Address:

999 PONCE DE LEON BOULEVARD STE 1000
CORAL GABLES, FL 33134

New Mailing Address:

90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33133

FEI Number: 11-3785051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARLOS, THOMAS P
90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33134 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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CARLOS FAMILY TRUST,	
Address:	999 PONCE DE LEON BLVD., #1000	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	CARLOS PORPERTIES, L, TD	
Address:	999 PONCE DE LEON BLVD, #1000	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	THOMAS PETER CARLOS, REVOCABLE TRUS T	
Address:	999 PONCE DE LEON BLVD, #1000	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	CARLOS FAMILY TRUST,	
Address:	90 EDGEWATER DRIVE 503	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	THOMAS PETER CARLOS, REVOCABLE TRUS T	
Address:	90 EDGEWATER DRIVE 503	
City-St-Zip:	CORAL GABLES, FL 33134	

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: THOMAS P. CARLOS MGR 03/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date