

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/13/2007-90016-027-\$50.00-\$50.00

07 OCT -5 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000074808																											
1. Entity Name SUNRISE OIL PLANTATION, L.L.C.																											
Principal Place of Business 1800 NORTH UNIVERSITY DRIVE PLANTATION, FL 33322		Mailing Address 1800 NORTH UNIVERSITY DRIVE PLANTATION, FL 33322																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
FEINBERG, JEFFREY ESQ. FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021		Name 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 September 14, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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: 		09/10/2007 954-370-2045																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																									

REINSTATEMENT 01