


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

01-16-2007 90054 010 ****50.00

DOCUMENT # L06000079628

1. Entity Name
SUNRISE 8311, LLC



Principal Place of Business
**11593 SOUTH BREEZE PLACE
 WELLINGTON, FL 33467 US**

Mailing Address
**11593 SOUTH BREEZE PLACE
 WELLINGTON, FL 33467 US**

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



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5377126**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOSBERG, HARVEY
 11593 SOUTH BREEZE PLACE
 WELLINGTON, FL 33467**

7. Name and Address of New Registered Agent

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's signature required when (re)stating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
MGRM HARVEY KOSBERG 11593 SOUTH BREEZE PLACE WELLINGTON FL 33467	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:  **1-9-07 561-434-1414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #