



FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 037 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000105831 1. Entity Name SRE SUNSET ACQUISITION, LLC					
Principal Place of Business C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131			Mailing Address C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 7301 SW 57 CT		3. Mailing Address 7301 SW 57 CT		<div style="font-size: 24px; font-weight: bold;">50010314</div>  <div style="margin-top: 10px;"> 09082008 Chg-LLC CR2E083 (12/06) </div>	
Suite, Apt. #, etc. Suite 440		Suite, Apt. #, etc. Suite 440			
City & State S. Miami FL		City & State S. Miami FL			
Zip 33143		Zip 33143			
Country USA		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VAINDER, STEVEN J C/O WHITE & CASE LLP 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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 retreating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELLEY, ROBERT J 9155 S. DADELAND BLVD.M PENTHOUSE 2, #1810 MIAMI, FL 33156	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			Date: 9/8/08 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					