

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063184

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** SUNRISE BLVD APARTMENTS,LLC

**Current Principal Place of Business:**

823 SUNRISE BLVD  
APT 19  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

3814 PASEO NAVARRA  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

2641 TREANOR TERRACE  
WELLINGTON, FL 33414 US

**FEI Number:** 26-0432729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORMAN, ROBERT J  
1209 DELAWARE AVE.  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

AGNOLUCCI, DAVID J  
2641 TREANOR TERRACE  
WELLINGTON, FL 33414 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: DAVID J. AGNOLUCCI

02/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AGNOLUCCI, DAVID J  
Address: 3814 PASEO NAVARRA  
City-St-Zip: WEST PALM BEACH, FL 33405 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AGNOLUCCI, DAVID J  
Address: 2641 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414 US

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: DAVID J. AGNOLUCCI

MGRM

02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date