2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State 03-19-2008 90147 026 ***138.75

1. Entity Name SUNRISE PLACE GROUP, LLC						03 13 20	00 701 17	020	150.75
Principal Place of Business 2850 DOUGLAS ROAD SUTE 400 CORAL GABLES, FL 33134		Mailing Address 2850 DOUGLAS ROAD SUITE 400 CORAL GABLES, FL 33134		 					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							JES W 1881
Suite, Apt. #, etc.		Suite. Apt. #. etc.		01242008	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Number 2.6 – 1	420623	Applied For Not Applicable			
Zip	Country	Zip	Country		1	of Status Desired		.00 Add Require	
	8. Name and Address of Current R	legistered Agent			7. Name and	Address of New R		<u></u>	
e. Halle alle see et castelli legende signi				Name					
10 N.W. LE	CORPORATE SERVICES, INC. EJEUNE ROAD	Street Addres			(P.O. Box Number is Not Acceptable)				
SUITE 500 MIAMI, FL									
11111 4111, 1 2	00.20		City				FL	Zip Code	ð
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 famillar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if expectable (NOTE Registered Agent argreture required when rematating). CATE									
	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75						e check pays Department		•
9.	MANAGING MEMBER	S/MANAGERS	10.	· · · · · ·		ADDITIONS/	CHANGES		
TITLE		☐ De ete	HILE	MGR		Conversió	-a Co	Change	☐ K Addilion
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11. I hereby certify that the information supplied with this filling 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 Sability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 2/0/08 SSQ -/0/0 SIGNATURE AND TYPED ON PRINTED HAME OF BIOINDO MANAGUNG MEMBERS BARAGER, OR AUTHORIZED REPRESENTATIVE DAID DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAY									