
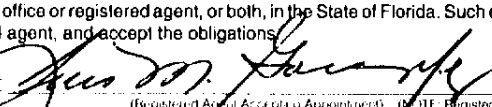
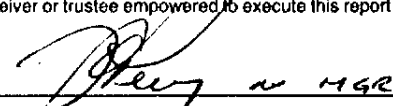


FILE NOW: Fee after May 1, will be \$588.75

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|---|--|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | | <div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;">FILED 97 MAR 17 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> DOCUMENT # L95000000748 | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company SUNSET PARC, L.C. 10556 NW 26TH ST UNIT D 102 MIAMI FL 33172 | | 1a. Principal Place of Business Address 10556 NW 26TH ST UNIT D 102 MIAMI FL 33172 | | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | 3. Date Organized or Qualified 09/28/1995 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3a. State of Formation FL 4. FEI Number 65-0663331 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report 07/01/1996 | |
| | | | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent VALENCIA, AL 10556 NW 26TH ST UNIT D 102 MIAMI FL 33172 | | | 8. Name and Address of New Registered Agent Name LUIS M. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 17842 S.W. 107 AVE Suite, Apt. #, etc. SUITE 25 City MIAMI Zip Code FL 33157 | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE  DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 10. Title Managing Members/Managers Business Street Address City, State and Zip Code | | | | | |
| MGR | | PEREZ, JULIO C | | 10556 NW 26TH ST UNIT D 10 MIAMI FL 17842 S.W. 107 AVE SUITE 25 MIAMI FL 33157 | |
| 000002118260--5 -03/19/97--01106--014 ****203.75 ****203.75 | | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE:  3-11-97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small> | | | | | |