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JOSEPH M WEHE

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90060 011 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L97000000585																											
1. Entity Name SUNRISE OF AMERICA, L.L.C.																											
Principal Place of Business FONTAINEBLEAU EXECUTIVE PLAZA 8370 W. FLAGLER ST., STE. 204 MIAMI, FL 33144		Mailing Address FONTAINEBLEAU EXECUTIVE PLAZA 8370 W. FLAGLER ST., STE. 204 MIAMI, FL 33144																									
2. Principal Place of Business 8370 West Flagler Street Suite, Apt. #, etc. 250 City & State Miami, Florida Zip 33144 Country U.S.A.		3. Mailing Address 8370 West Flagler Street Suite, Apt. #, etc. 250 City & State Miami, Florida Zip 33144 Country U.S.A.																									
4. FEI Number 65-0778075		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$6.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent WEHBY, JOSEPH M FONTAINEBLEAU EXECUTIVE PLAZA 8370 W. FLAGLER ST., STE. 204 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FONTAINEBLEAU EXECUTIVE PLAZA 8370 West Flagler Street, Suite 250 City Miami FL Zip Code 33144																									
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 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))		DATE																									
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State																									
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 808, Florida Statutes.																											
SIGNATURE 		NAOYUKI TOYOTOSHI Date 4/08/04 305- 554-5300 Daytime Phone #																									