2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2008
Secretary of State

DOCUMENT# L99000001690

Entity Name: SUNRISE PROPERTIES & INVESTMENTS #15, L.L.C.

Current Principal Place of Business:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0917993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FORMAN, M. AUSTIN
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORMAN, M. AUSTIN
Address: 888 SOUTHEAST THIRD AVENUE, SUITE 501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete
Name: BLACKBUSH PARTNERS,, LTD.
Address: 4300 N. UNIVERSITY DRIVE, SUITE D-103
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: M AUSTIN FORMAN MGRM 07/24/2008

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