

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003155

FILED
May 01, 2004
Secretary of State

Entity Name: SUNRISE OFFICE SERVICES L.L.C.

Current Principal Place of Business:

150 KENT ROAD, SUITE 2A
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

3290 US 1 SOUTH
SUITE A
ST. AUGUSTINE, FL 32086

Current Mailing Address:

150 KENT ROAD, SUITE 2A
ST. AUGUSTINE, FL 32086

New Mailing Address:

3290 US 1 SOUTH
SUITE A
ST. AUGUSTINE, FL 32086

FEI Number: 59-3548230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONON, CARMEN P
150 KENT ROAD, SUITE 2A
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

CRONON, CARMEN P
3290 US 1 SOUTH
SUITE A
ST AUGUSTINE, FL 32086

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:

05/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DOANE, CARL K
Address: 8832 ATTILER LN.
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: JONES, BURL W
Address: 110 BRIARWOOD CR.
City-St-Zip: GLEN SAINT MARY, FL 32040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOANE, CARL K
Address: 1179 ARDMORE STREET
City-St-Zip: ST AUGUSTINE, FL 32092

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARL K. DOANE

MGR

05/01/2004

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