

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003223**

1. Entity Name  
S.M.W. SUNRISE BLVD., L.C.



Principal Place of Business  
5801 CONGRESS AVE  
BOCA RATON, FL 33487

Mailing Address  
5801 CONGRESS AVE  
BOCA RATON, FL 33487

**DO NOT WRITE IN THIS SPACE**



03152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-0949988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOMBACH, GEOFFREY S ESQ.  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FORT LAUDERDALE, FL 33394

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WOLF, STEVEN  
5801 CONGRESS AVENUE  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000001275163  
03/24/05-80040-025 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Steve Wolf 3/16/05 561-498-5600

Date

Daytime Phone #