2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 APR 20 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006612

1. Entity Name
SUNSET & 97TH HOLDINGS, LLC

Principal Place of Business	Mailing Address
19667 TURNBERRY WAY, UNIT 12G MIAMI, FL 33180 OC	C/O GREENBERG TRAURIG, P.A. 1221 BRICKELL AVE., 24TH FLOOR MIAMI, FL 33131

01082004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
19667 Turnberry Way	C/O Vargas, Piedra & Co.
Suite, Apt. #, etc.: Unit 12G	Suite, Apt. #, etc.: 780 N.W. LeJeune Rd. Suite 516
City & State: Miami, Fl.	City & State: Miami, Fl. 33126
Zip: 33180 Country: USA	Zip: 33126 Country: U.S.A.

4. FEI Number: 26-0064717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, PEDRO A ESQ 1221 BRICKELL AVE., 24TH FLOOR MIAMI, FL 33131	Name: Antonio Vargas, CPA Street Address (P.O. Box Number is Not Acceptable): 780 N. W. Le Jeune Rd. Suite 516 City: Miami, FL Zip Code: 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAIEH, MOISES 19667 TURNBERRY WAY, UNIT 12G MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DOS-458045 100906873 DEPOSIT ONLY 55.00 04/20/04--01028--034
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 04/28/04 01028--034 **55.00 100034412261
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	04/28/04--01028--03 ☐ Change 59 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I 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 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: _____ 04/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #