2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90534 039 ****50.00

DOCUMENT # L99000009193

1. Entity Name
SUNRISE BOYS, L.L.C.

Principal Place of Business	Mailing Address
2410 SE BRIDGE ROAD HOBE SOUND FL 33455	2410 SE BRIDGE ROAD HOBE SOUND FL 33455

2. Principal Place of Business	3. Mailing Address
218 South US Highway #1	218 South US Highway #1
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Tequesta FL	City & State: Tequesta FL
Zip: 33469 / Country:	Zip: 33469 / Country:

1st MOORE CR2E083 (10/04)

4. FEI Number 65-0978917 — 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
MARTYN, CHARLES P III 2410 SE BRIDGE ROAD HOBE SOUND FL 33455	Name: Street Address (P.O. Box Number is Not Acceptable): 218 South US Highway #1, Suite 300 City: Tequesta FL Zip Code: 33469

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLD BLUE, L.L.C.	NAME	
STREET ADDRESS	1825 PALISADES TERRACE	STREET ADDRESS	4000 Kruse Way Place Bldg 1 Suite 250
CITY-ST-ZIP	LAKE OSWEGO OR 97034	CITY-ST-ZIP	Lake Oswego, OR 97035
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEW ORANGE, L.L.C.	NAME	
STREET ADDRESS	2410 SE BRIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 3/8/05 (503)697-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #