

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90352 028 ****50.00

DOCUMENT # M00000001422

1. Entity Name
SUNBEAM LATIN AMERICA, LLC



Principal Place of Business
2381 EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

Mailing Address
2381 EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



03282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-2958907	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HILL, ANDREW C 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOTTE, ROBERT P 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ASHKEN, IAN 555 THEODORE FRENDE AVENUE RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMID, FRANZ 10000 NW 25TH STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAELS, VICTOR 2381 EXECUTIVE CENTER DR BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert P. Totte* **ROBERT P. TOTTE** *361-912-4100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #