

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90040 015 ****50.00

DOCUMENT # M04000000919

1. Entity Name

SUNRISE ASSOCIATES LLC



Principal Place of Business

200 EAST 69TH ST, APT. 27C
C/O MATS GOEBELS
NEW YORK NY 10021

Mailing Address

200 EAST 69TH ST, APT. 27C
C/O MATS GOEBELS
NEW YORK NY 10021

2. Principal Place of Business

845 UN PLAZA

Suite, Apt. #, etc.

63D

3. Mailing Address

845 UNITED NATIONS PLAZA

Suite, Apt. #, etc.

63D



1st MOORE

CR2E083 (10/04)

City & State

NEW YORK, NY

Zip

10017

Country

City & State

NEW YORK, NY

Zip

10017

Country

4. FEI Number

20-0466660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE **MGRM** ☐ Delete
NAME **ROSE, TOSHUA**
STREET ADDRESS **7000 ISLAND BLVD, STE 1104**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **MGRM** ☐ Delete
NAME **GOEBELS, P. MATS**
STREET ADDRESS **200 EAST 69TH ST, APT. 27C**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **ROSE, TOSHUA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **845 UN PLAZA, APT. 63D**
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: P. Mats Goebels

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

5/1/2005

Date

Daytime Phone #