

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000919

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUNRISE ASSOCIATES LLC

Current Principal Place of Business:

2651 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2651 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 20-0466660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSE, JOSHUA
Address: 2651 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: MGRM () Delete
Name: GOEBELS, P. MATS
Address: 15 MOUNTAIN LAUREL LANE
City-St-Zip: SOUTHAMPTON, NY 11968

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GOEBELS, P. MATS
Address: 2651 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA ROSE

MGRM

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date