2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000001201

1. Entity Name SUNSET TRAILS, LLC



FILED Aug 27, 2008 08:00 AM Secretary of State

Principal Place of Business

1001 BRICKELL BAY DRIVE, SUITE 1710 MIAMI, FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE, SUITE 1710 MIAMI, FL 33131



07102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-3025879	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI, FL 33131

·		IN THIS SPACE
	named entity submits this statement for the purpose of chations of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
	E NOW!!! FEE IS \$538.75 b by September 12, 2008	
9.	MANAGING MEMBERS/MANAGERS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
TITLE	MGR	
NAME STREET ADDRESS	QUANTUM VENTURES, LLC 1001 BRICKELL BAY DRIVE, SUITE 1710	
CITY-ST-ZIP	MIAMI, FL 33131	.000000958436 ————————————————————————————————————
TITLE		
NAME		
STREET ADORESS		
CITY-ST-ZIP		
TITLE NAME		
STREET ADDRESS		DO NOT MOTE
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SDACE

THIS SPACE

11. I hereby certify that the information supplied with this filing these 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 empoyeded to execute this report as required by Chapter 608, Florida Statutes.

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #