


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-09-2007 90030 045 ****50.00

| | |
|---|---|
| DOCUMENT # L06000050005 1. Entity Name SUNRISE INTERNATIONAL VENTURE, LLC |  |
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|---|---|
| Principal Place of Business 121 ALHAMBRA PLAZA, PH1 SUITE #1600 CORAL GABLES, FL 33134 US | Mailing Address 121 ALHAMBRA PLAZA, PH1 SUITE #1600 CORAL GABLES, FL 33134 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

01052007 Chg-LLC CR2E083 (12/06)

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

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| 6. Name and Address of Current Registered Agent RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH1 SUITE # 1600 CORAL GABLES, FL 33134 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 re-registering) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|-----------------------------------|---|-----------------------------------|---|
| TITLE NAME | MGRM MORRIS, W. ALLEN <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | 121 ALHAMBRA PLAZA, PH1, SUITE #1600 CORAL GABLES, FL 33134 | STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | MGR GRAHAM, DALE I <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | 121 ALHAMBRA PLAZA, PH1, SUITE # 1600 CORAL GABLES, FL 33134 | STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | MGR GIL, YAZMIN <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | 121 ALHAMBRA PLAZA, PH1, SUITE # 1600 CORAL GABLES, FL 33134 | STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | MGR RENTZ, R. LARRY <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | 121 ALHAMBRA PLAZA, PH1, SUITE # 1600 CORAL GABLES, FL 33134 | STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |

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: *R. L. Rentz* 3-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #