


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000003463</b>	
1. Entity Name <b>SUNUP INN, LLC</b>	

Principal Place of Business <b>512 ANASTASIA BLVD. AT AUGUSTINE, FL 32080</b>	Mailing Address <b>512 ANASTASIA BLVD. AT AUGUSTINE, FL 32080</b>
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**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-LLC - CR2E083 (10/03)

4. FEI Number <b>30-0142332</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>GOSAI, CHHAMANGAR S 512 ANASTASIA BLVD ST. AUGUSTINE, FL 32080</b>	

**DO NOT WRITE  
IN THIS SPACE**

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 _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GOSAI, CHHAMANGAR S 512 ANASTASIA BLVD. ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GOSAI, LILAVANTIC C 512 ANASTASIA BLVD. ST AUGUSTINE, FL
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05/04/04-80017-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

<b>SIGNATURE:</b> <u>CHHAMANGAR S. GOSAI</u>	<b>4/29/04</b>	<b>904-829-3888</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #