


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003463 1. Entity Name SUNUP INN, LLC	
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Principal Place of Business 512 ANASTASIA BLVD. AT AUGUSTINE, FL 32080	Mailing Address 512 ANASTASIA BLVD. AT AUGUSTINE, FL 32080
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DO NOT WRITE IN THIS SPACE



04092005No Chg-LLC

CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

**GOSAI, CHHAMANGAR S
512 ANASTASIA BLVD
ST. AUGUSTINE, FL 32080**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

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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05/04/05-80036-015 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: C.S. Gosai **4/27/05** **904-829-3888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Date Daytime Phone #