2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

FILED Feb 13, 2004 08:00 AM DOCUMENT # L00000006001 -1. Entity Name **Secretary of State** SUNNYDALE, L.L.C. Principal Place of Business Mailing Address 1352 WILLAVS DRIVE 1352 WILLAVS DRIVE CLEARMATER FL 33764 CLEARWATER FL 33764 02072004 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ DO NOT WRITE 1245 COURT STREET **SUITE 102** IN THIS SPACE CLEARWATER, FL 33756 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 UUUDD00049589 02/13/04-80028-018 55.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE FARRELL, DAN 1352 WILLIAMS DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 19 port 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.