2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000002178

1. Entity Name

SUNNY ENTERPRISES, LLC



Principal Place of Business

439 S.W. 8TH STREET MIAMI, FL 33130 Mailing Address

439 S.W. 8TH STREET MIAMI, FL 33130

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90065 013 ****55.00

14011838



DATE

03182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1079633 Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 MIAMI. FL 33131

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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.	•

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS	MGR OCEAN CASH INC. 601 BRICKELL KEY DRIVE, SUITE 604
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131 MGR ONE UNITED, LLC 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. Thereby of	certify that the information supplied with this filing does not qualify for the ex-

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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: ____

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

4/27/05

365) 860-3091