2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002178

1. Entity Name

SUNNY ENTERPRISES, LLC

FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business 439 S.W. 8TH STREET

MIAMI, FL 33130

Mailing Address

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



01272006 No Chg-LLC

CR2E083 (11/05)

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

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

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

U00000531949 05/06/06-80064-014 55.00

		03/00/00 00004 014 33.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR OCEAN CASH INC. 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ONE UNITED, LLC 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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:

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

Date

Daytime Phone #