


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L01000003463**

1. Entity Name  
**SUNUP INN, LLC**



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</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

**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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100000150715  
 05/04/04-80017-013 50.00

**DO NOT WRITE 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)(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.**

**SIGNATURE:** Chhamangar S. Gosai **4/29/04** **904-829-3888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #