


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000003463

1. Entity Name
SUNUP INN, LLC



Principal Place of Business: **512 ANASTASIA BLVD. AT AUGUSTINE, FL 32080**

Mailing Address: **512 ANASTASIA BLVD. AT AUGUSTINE, FL 32080**

DO NOT WRITE IN THIS SPACE



04092005No Chg-LLC CR2E083 (10/03)

4. FEI Number **30-0142332**

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	GOSAI, CHHAMANGAR S
STREET ADDRESS	512 ANASTASIA BLVD.
CITY - ST - ZIP	ST AUGUSTINE, FL
TITLE	MEM
NAME	GOSAI, LILAVANTIC C
STREET ADDRESS	512 ANASTASIA BLVD.
CITY - ST - ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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* **C.S. GOSAI** **4/27/05** **904-829-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #