


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 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
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0142332	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:** Mous 4-2-07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #