


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90293 040 ****55.00

DOCUMENT # L01000010812			
1. Entity Name SUNNY JUNCTION GROUP, LLC			
Principal Place of Business 1211 HAVERHILL ROAD NORTH WEST PALM BEACH FL 33417		Mailing Address 1211 HAVERHILL ROAD NORTH WEST PALM BEACH FL 33417	
2. Principal Place of Business 1109 19th St		3. Mailing Address 1211 Haverhill Rd N	
Suite, Apt. #, etc. WPB 71		Suite, Apt. #, etc. 	
City & State WPB FL		City & State WPB FL	
Zip 33407	Country P.B	Zip 33417	Country P.B
6. Name and Address of Current Registered Agent GIRARDIN, SANDRA J 1211 HAVERHILL ROAD NORTH WEST PALM BEACH FL 33417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRARDIN, SANDRA J 1211 HAVERHILL ROAD NORTH WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sandra J Girardin* 3/2/04 561 684-0496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #