

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90083 023 ****50.00

DOCUMENT # L02000004071

1. Entity Name

SUNILAND HOLDINGS, LLC



Principal Place of Business

7379 N.W. 31ST STREET
 MIAMI FL 33122

Mailing Address

7379 N.W. 31ST STREET
 MIAMI FL 33122

24060065



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-3029112**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOD, PETER
7379 N.W. 31ST STREET
MIAMI FL 33122

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 _____

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

(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 _____ Delete
 NAME **MGRM**
 STREET ADDRESS **ROOD, PETER**
7379 N.W. 31ST STREET
 CITY - ST - ZIP **MIAMI FL 33122**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

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TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

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: *Peter Rood* **Peter Rood - MGRM** **4/21/2004** **305-235-8811**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #