

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000018294

FILED  
Apr 17, 2003  
Secretary of State

Entity Name: SUNNYBEL HOLDINGS, LLC

## Current Principal Place of Business:

709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

## New Principal Place of Business:

## Current Mailing Address:

709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

## New Mailing Address:

FEI Number: 02-0635322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

SCHMITZ, WERNER  
1500 COLONIAL BLVD.  
SUITE 235  
FORT MYERS, FL 33907 US

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.

SIGNATURE: WERNER SCHMITZ

04/17/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MIDDELDORF, WALTER  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete  
Name: SCHADEK, RUTH  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: SCHADEK, RUTH I  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RUTH SCHADEK

MGR

04/17/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date