


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90556 023 \*\*\*\*50.00

<b>DOCUMENT # L03000006382</b>	
1. Entity Name <b>SUNNY SIDE LEASING &amp; MANAGEMENT, LLC</b>	

Principal Place of Business <b>340 EVANSDALE ROAD LAKE MARY, FL 32746</b>	Mailing Address <b>340 EVANSDALE ROAD LAKE MARY, FL 32746</b>
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**24029928**

2. Principal Place of Business Suite, Apt. #, etc. <b>400 W. Church St.</b>		3. Mailing Address Suite, Apt. #, etc. <b>400 W. Church St.</b>	
City & State <b>Orlando 32801</b>		City & State <b>Orlando, FL</b>	
Zip <b>FL</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>



03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>03-0507724</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SEARL, JASON W 365 WAYMONT COURT STE. 105 LAKE MARY, FL 32746</b>	
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7. Name and Address of New Registered Agent Name <b>Brewer + Searl, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 W. Church St.</b> City <b>Orlando</b> FL Zip Code <b>32801</b>	
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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 	DATE <b>3/4/4</b>
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**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date <b>3/4/4</b>	Daytime Phone # <b>407-246-5253</b>
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