


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90205 013 ****55.00

DOCUMENT # L03000019131	
1. Entity Name SUNNYFIELD ACRES, LLC	

Principal Place of Business 22182 COUNTY ROAD 250 LIVE OAK, FL 32060	Mailing Address 22182 COUNTY ROAD 250 LIVE OAK, FL 32060
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24076861

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2 Sage Way Suite, Apt. #, etc.
City & State	City & State Hackettstown, NJ
Zip 07840	Country USA



03072003 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0111303	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KIPPUR, CYNTHIA J 22182 COUNTY ROAD 250 LIVE OAK, FL 32060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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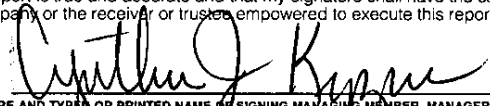
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIPPUR, CYNTHIA J 22182 COUNTY ROAD 250 LIVE OAK, FL 32060 <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	MGR KIPPUR, MARC J 22182 COUNTY ROAD 250 LIVE OAK, FL 32060 <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:  **5-19-04** **908-850-0645**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
CYNTHIA J. KIPPUR