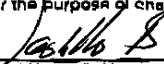


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 029 ****50.00

DOCUMENT # L03000022786			
1. Entity Name SUNNY REALTY, LLC			
Principal Place of Business 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131		Mailing Address 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131	
2. Principal Place of Business 601 Brickell Key Drive		3. Mailing Address 601 Brickell Key Drive	
Suite, Apt. #, etc. Suite 604		Suite, Apt. #, etc. Suite 604	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131		Zip 33131	
Country US		Country US	
4. FEI Number 57-1181051		Applied For Not Applicable	
5. Certificate of Status Doolrod ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARO CASTILLO B, P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131		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 		DATE 4-22-04	
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	MGR BUENO, JOSE LUIS 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jose Luis Bueno 601 Brickell Avenue, Suite 604 Miami, Florida 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, GENARO 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Genaro Diaz 601 Brickell Key Drive, Suite 604 Miami, Florida 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		DATE 4-22-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 4-22-04	
STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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