

Rx Date/Time AUG-18-2004(WED) 14:52
 08/18/2004 15:15 FAX 3055926467


30559
 SUNNY WORLD

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90153 005 ****50.00

AUG-11-2004(WED) 09:03

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000035223			
1. Entity Name SUNNY WORLD, LLC			
Principal Place of Business 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131		Mailing Address 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Succ. Agr. P. etc.		Succ. Agr. P. etc.	
City & State		City & State	
Zip		Country	
4. FFI Number 47-0931606		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Incurred	
6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Special Address (P.O. Box Number if Not Acceptable)	
City		FL Zip Code	
8. The above named entity submits the information for the purpose of changing its registered office or registered agent, or both, in the State of Florida, in accordance with and subject to the obligations of registered agent.			
SIGNATURE <i>Alvaro Castillo</i>		DATE 8-19-04	
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	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SEDANO, FAUSTO 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131	1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Add/Rev
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYANS, JOSE M 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131	2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
11. I hereby certify that the information supplied with this filing complies with the provisions of Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 member or manager of the limited liability company or the holder of a power of attorney to execute this report as required by Chapter 609, Florida Statutes.			
SIGNATURE <i>Alvaro Castillo</i>		DATE 8-19-04 (305)371-5840	