



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90104 016 ****50.00

DOCUMENT # L03000042376 1. Entity Name SUNNY PLACES, LLC					
Principal Place of Business 341 NORTH MAITLAND AVENUE STE. 340 MAITLAND, FL 32751			Mailing Address 341 NORTH MAITLAND AVENUE STE. 340 MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc. 		3. Mailing Address 6000 MetroWest Boulevard Suite, Apt. #, etc. Suite 105			
City & State 		City & State Orlando, Florida		4. FEI Number APPLIED FOR 20-1370015	
Zip 	Country 	Zip 32835	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE STE. 340 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTCOTT GROUP, INC. 6000 METROWEST BLVD., SUITE 105 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lexon Homes, Inc. 6000 MetroWest Blvd., Suite 105 Orlando, FL 32835	
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:  JOSEPH KANTOR 1/31/05 407-296-4600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					