

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 19, 2006  
Secretary of State**

DOCUMENT# L05000037313

Entity Name: SUNNYLAND DEVELOPMENT GROUP,L.L.C.

**Current Principal Place of Business:**

12230 FOREST HILL BLVD  
SUITE # 187  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12230 FOREST HILL BLVD  
SUITE # 187  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 20-2690838      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TORRES, PEDRO  
14335 STROLLER WAY  
WELLINGTON, FL 33414      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BERNAL, LUIS  
Address: 13522 FOUNTAINVIEW BLVD  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM      ( ) Delete  
Name: TORRES, PEDRO  
Address: 14335 STROLLER WAY  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: BERNAL, LUIS E  
Address: 12497 EQUINE LN  
City-St-Zip: WELLINGTON, FL 33414

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS E. BERNAL

MGR

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date