


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90065 025 ****50.00

DOCUMENT # L06000076499	
1. Entity Name SUNNY DAZE, LLC	

Principal Place of Business 1459 SERENITY CIRCLE NAPLES, FL 34110 US	Mailing Address 1 FAIR OAKS DRIVE JAMESTOWN, KY 42629 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o Gregg Faulkner</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>906 Eagle Court</i>	
City & State		City & State <i>Bowling Green, Ky</i>	
Zip	Country	Zip	Country
		<i>42103</i>	<i>US</i>

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07062007 Chg-LLC CR2E083 (12/06)

4. FEI Number <i>20-5304031</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FAULKNER, CATHY H 28477 HIDDEN LAKE DRIVE BONITA SPRINGS, FL 34134	
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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 <i>Cathy Faulkner</i>	DATE <i>8-20-07</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by September 14, 2007	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	MGRM MINNICH, DONNA K 1 FAIR OAKS DRIVE JAMESTOWN, KY 42629	<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	MGRM MINNICH, CHRIS 1 FAIR OAKS DRIVE JAMESTOWN, KY 42629	<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	MGRM FAULKNER, GREG S 1 FAIR OAKS DRIVE JAMESTOWN, KY 42629	<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		<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		<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		<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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and 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: <i>Gregg Faulkner</i>	DATE <i>7/6/07</i> 270-792-7834
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	