

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90118 012 ****50.00

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02162007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L98000000194 1. Entity Name SUNDY ESTATES, L.C.			
Principal Place of Business 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435		Mailing Address 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 205 Ranchitos Road Suite, Apt. #, etc.	
City & State Taos Nm		City & State Taos Nm	
Zip 87571	Country USA	4. FEI Number 65-0823777	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Sandi Morick Street Address (P.O. Box Number is Not Acceptable) 1105 N Federal Hwy City Boynton Beach FL Zip Code 87571	
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 <u><i>Sandi Morick</i></u> DATE <u>3/20/07</u> <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 May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODYEAR, KIMBERLY A 125 LA POSTA RD. TAOS, NM 87571	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
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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 exemptions contained in Chapter 119, 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: <u><i>Kimberly Goodyear</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3-15-07 505-758-5090 <small>Date Daytime Phone #</small>	