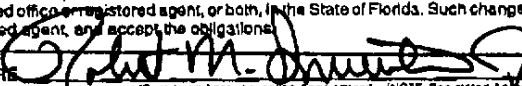


APR. 23. 1999 2:37PM

NO. 298 P. 2/3

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SEC. 1999 APR 23 1999 DIVISION OF CORPORATIONS 50 MAY -3 AM 11:20 4/27/99 5/5	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company SUNOY INN, L.C. 14 S. SWINTON AVE. DELRAY BEACH, FL 33444		DOCUMENT # 298000000196			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 2/13/98	
				3a. State of Formation FL	
				4. FEI Number 65-0823780	
				☐ Applied For ☐ Not Applicable	
				5. Date of Last Report ☐ Certificate of Status Desired ☐ Additional Fee Required	
7. Name and Address of Current Registered Agent ROMANO, RONNY G. 14 S. SWINTON AVE. DELRAY BEACH, FL 33444			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		
			Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE  DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when not a change)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	RAY, FILIP	106 S. SWINTON AVE		DELRAY BEACH, FL	
MGRM	SMITH, ROBERT M.	14 S. SWINTON AVE		DELRAY BEACH, FL	
3000002867183--9 -05/07/99--01079--015 ***188.75 ***188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(II), Florida Statutes. I further certify that the information indicated on this annual 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  4/27/99 (561) 243-2400 SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring MANAGING MEMBER OR MANAGER Date Daytime Phone #					

INHSE10 R (12-98)

ROBERT M. SMITH R, JR