2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000000196

1. Entity Name
SUNDY INN, L.C.

Principal Place of Business	Mailing Address
255 NE 6TH AVE. DELRAY BEACH, FL 33483	255 NE 6TH AVE. DELRAY BEACH, FL 33483

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

01282004   Chg-LLC   CR2E083 (10/03)

4. FEI Number
65-0823780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WINTZER, WILLIAM R
255 NE 6TH AVE.
DELRAY BEACH, FL 33483

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2004**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		**10.**	ADDITIONS/CHANGES	
TITLE MGR NAME GOODYEAR, KIMBERLY A STREET ADDRESS 125 LA POSTA ROAD CITY-ST-ZIP TAOS, NM 87571	☐ Delete	TITLE MGR NAME SZERDI, JOHN STREET ADDRESS 125 LA POSTA RD CITY-ST-ZIP TAOS, NM 87571	☐ Change	☒ Addition
TITLE MGR NAME SAN MARTIN, MARTA STREET ADDRESS 255 NE 6TH AVE. CITY-ST-ZIP DELRAY BEACH, FL 33483	☒ Delete	TITLE MGR NAME BECHER, LAURA STREET ADDRESS 125 LA POSTA RD CITY-ST-ZIP TAOS, NM 87571	☐ Change	☒ Addition
TITLE MGR NAME WINTZER, WILLIAM R STREET ADDRESS 255 NE 6TH AVE. CITY-ST-ZIP DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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: _Will R. Wntz_   WILLIAM R. WINTZER   4/5/04   (561)243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #