

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90348 012 \*\*\*\*50.00

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|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # L98000000196</b><br>1. Entity Name<br><b>SUNDY INN, L.C.</b>  |  |  |  |  |  |
| Principal Place of Business<br><b>255 NE 6TH AVE.<br/>DELRAY BEACH, FL 33483</b>  |  |  | Mailing Address<br><b>255 NE 6TH AVE.<br/>DELRAY BEACH, FL 33483</b>   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City & State  |  | City & State   |  |  |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number<br><b>65-0823780</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>WINTZER, WILLIAM R<br/>255 NE 6TH AVE.<br/>DELRAY BEACH, FL 33483</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE   | MGR <input type="checkbox"/> Delete            |  | TITLE  | MGR/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | GOODYEAR, KIMBERLY A                           |  | NAME   |  |  |
| STREET ADDRESS  | 125 LA POSTA ROAD                              |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | TAOS, NM 87571                                 |  | CITY-ST-ZIP  |  |  |
| TITLE   | MGR <input type="checkbox"/> Delete            |  | TITLE  | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| NAME  | BECHER, LAURA                                  |  | NAME   |  |  |
| STREET ADDRESS  | 125 LA POSTA RD                                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | TAOS, NM 87571                                 |  | CITY-ST-ZIP  |  |  |
| TITLE   | MGR <input type="checkbox"/> Delete            |  | TITLE  | AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| NAME  | WINTZER, WILLIAM R                             |  | NAME   |  |  |
| STREET ADDRESS  | 255 NE 6TH AVE.                                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | DELRAY BEACH, FL 33483                         |  | CITY-ST-ZIP  |  |  |
| TITLE   | MGR <input checked="" type="checkbox"/> Delete |  | TITLE  | MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  | SZERDI, JOHN                                   |  | NAME   | WORRELL, JR. THOMAS E.   |  |
| STREET ADDRESS  | 125 LA POSTA RD.                               |  | STREET ADDRESS   | 255 NE 6TH AVE   |  |
| CITY-ST-ZIP   | TAOS, NM 87571                                 |  | CITY-ST-ZIP  | DELRAY BEACH, FL 33483   |  |
| TITLE   | <input type="checkbox"/> Delete                |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| NAME  |  |  | NAME   |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete                |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| NAME  |  |  | NAME   |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP  |  |  |
| 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. |  |  |  |  |  |
| <b>SIGNATURE:</b> <b>KIMBERLY GOODYEAR</b> <b>3/7/05</b> <b>(505) 758-5090</b>  |  |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |  |  |  |