


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90076 026 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000000196			
1. Entity Name SUNDY INN, L.C.			
Principal Place of Business 255 NE 6TH AVE. DELRAY BEACH, FL 33483		Mailing Address 255 NE 6TH AVE. DELRAY BEACH, FL 33483	
2. Principal Place of Business 1105 N FEDERAL HWY Suite, Apt. #, etc.		3. Mailing Address 1105 N FEDERAL HWY Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33435	Country US	Zip 33435	Country US
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 WINTZER, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) 1105 N FEDERAL HWY City BOYNTON BEACH FL Zip Code 33435	
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>William R. Wintzer</u> WILLIAM R. WINTZER 3/28/06 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, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP GOODYEAR, KIMBERLY A 125 LA POSTA ROAD TAOS, NM 87571 <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	S BECHER, LAURA 125 LA POSTA RD TAOS, NM 87571 <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	AT WINTZER, WILLIAM R 255 NE 6TH AVE. DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WINTZER, WILLIAM R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 N. FEDERAL HWY BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WORRELL JR, THOMAS E 255 NE 6TH AVE DELRAY BEACH, FL 33482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WORRELL, JR., THOMAS E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 N. FEDERAL HWY BOYNTON BEACH, FL 33435
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 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>William R. Wintzer</u> WILLIAM R. WINTZER 3/28/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone # (561) 572-2177	