

**AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

00 JUL 21 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005320
1. Entity Name
Sunny Cash, LLC

Principal Place of Business 601 Brickell Key Drive Suite 802 Miami, Florida 33131	Mailing Address 601 Brickell Key Drive Suite 802 Miami, Florida 33131
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2. Principal Place of Business 1051 Collins Avenue	3. Mailing Address 1051 Collins Avenue
Suite, Apt. #, etc. Suite 7	Suite, Apt. #, etc. Suite 7


City & State Miami Beach, Florida	City & State Miami Beach, Florida	4. FEI Number 65-0944284	Applied For <input type="checkbox"/> Not Applicable
Zip 33139	Country Dade	Zip 33139	Country Dade

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Gerardo Vazquez
601 Brickell Avenue, Suite 802
Miami, Florida 33131**

7. Name and Address of New Registered Agent
Name
Alvaro Castillo
Street Address (P.O. Box Number is Not Acceptable)
**1390 Brickell Avenue
Suite 200**
City
Miami FL Zip Code
33131

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.

SIGNATURE  DATE **7-19-06**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

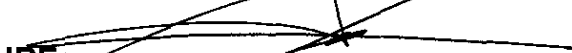
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300003335523--8
-07/25/00--01079--007
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME Genaro Diaz	
STREET ADDRESS 601 Brickell Avenue, Suite 802	
CITY-ST-ZIP Miami, Florida 33131	
TITLE MGRM	<input checked="" type="checkbox"/> Delete
NAME Jose Carlos Solloa	
STREET ADDRESS 601 Brickell Avenue, Suite 802	
CITY-ST-ZIP Miami, Florida 33131	
TITLE MGRM	<input checked="" type="checkbox"/> Delete
NAME Eugenio Saturnino De Aguero	
STREET ADDRESS 601 Brickell Avenue, Suite 802	
CITY-ST-ZIP Miami, Florida 33131	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Genaro Diaz	
STREET ADDRESS 1051 Collins Avenue, Suite 7	
CITY-ST-ZIP Miami Beach, Florida 33139	
TITLE MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Amada Gonzalez Carvajal	
STREET ADDRESS 1051 Collins Avenue, Suite 7	
CITY-ST-ZIP Miami Beach, Florida 33139	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:  DATE **7-19-00** (305) 490-4843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/99)