

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 037 ****50.00

DOCUMENT # L99000005320

1. Entity Name
SUNNY CASH LLC

Principal Place of Business
**455 S.W. 8TH STREET
 MIAMI, FL 33130**

Mailing Address
**455 S.W. 8TH STREET
 MIAMI, FL 33130**



04082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
601 Brickell Key Drive
 Suite, Apt. #, etc.
Suite 604
 City & State
Miami, Florida
 Zip
33131 Country
US

3. Mailing Address
601 Brickell Key Drive
 Suite, Apt. #, etc.
Suite 604
 City & State
Miami, Florida
 Zip
33131 Country
US

4. FEI Number
65-0944284 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent:
**CASTILLO, ALVARO B-P.A.
 1390 BRICKELL AVENUE, SUITE 200
 MIAMI, FL 33131**

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 *adl...* DATE **4-27-04**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENARO, DIAZ 455 S.W. 8TH STREET MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Genaro Diaz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 Brickell Key Drive, Suite 604 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMADA GONZALEZ CARVAJAL 455 S.W. 8TH STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Amada Gonzalez Carvajal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 Brickell Key Drive, Suite 604 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARD INTERNATIONAL INC. 455 S.W. 8TH STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Card International Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 Brickell Key Drive, Suite 604 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCEAN 321, INC. 455 S.W. 8TH STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Ocean 321, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 Brickell Key Drive, Suite 604 Miami, Florida 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCEAN CASH, INC. 455 S.W. 8TH STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Ocean Cash, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 Brickell Key Drive, Suite 604 Miami, Florida 33131
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 exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.

SIGNATURE: *Genaro Diaz - Manager* DATE: **4-27-04** (305) 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #