


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90099 033 ****50.00

DOCUMENT # L99000005320

1. Entity Name
SUNNY CASH LLC



Principal Place of Business Mailing Address
601 BRICKELL KEY DR. **601 BRICKELL KEY DR.**
STE. 604 **STE. 604**
MIAMI FL 33131 **MIAMI FL 33131**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

70011010



1st MOORE CR2E083 (10/04)

4. FEI Number Applied For
65-0944284 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENARO, DIAZ <input type="checkbox"/> Delete 601 BRICKELL KEY DR., STE. 604 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARVAJAL, AMADA G <input type="checkbox"/> Delete 601 BRICKELL KEY DR., STE. 604 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARD INTERNATIONAL INC. <input checked="" type="checkbox"/> Delete 601 BRICKEEL KEY DR, STE 604 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCEAN 321, INC. <input type="checkbox"/> Delete 601 BRICKELL KEY DR., STE 604 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCEAN CASH, INC. <input type="checkbox"/> Delete 601 BRICKELL KEY DR., STE 604 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(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: _____ **2/14/05** Date

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