


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005320

1. Entity Name
SUNNY CASH LLC



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



02172008 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0944284	Applied For <input type="checkbox"/> 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**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
 Due by May 1, 2008**

U00000445110
 03/07/06-80028-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENARO, DIAZ 601 BRICKELL KEY DR., STE. 604 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARVAJAL, AMADA G 601 BRICKELL KEY DR., STE. 604 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCEAN 321, INC. 601 BRICKELL KEY DR., STE 604 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCEAN CASH, INC. 601 BRICKELL KEY DR., STE 604 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____ **2/21/06** **305 528 9793**

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