## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jul 30, 2004 8:00 am Secretary of State DOCUMENT # M03000003731 07-30-2004 90132 034 \*\*\*\*50.00 SUNNY CORRAL MANAGEMENT, LLC Principal Place of Business Mailing Address TANS 1180 7750 N. MAC ARTHUR, SUITE 120-221 7750 N. MAC ARTHUR, SUITE 120-221 IRVING, TX 75063 IRVING, TX 75063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 CR2E083 (10/03) Chg-LLC City & State City & State 4. **E**EI Number Applied For 41-1609289 Not Applicable Zíp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBBYN, RICK -Street Address (P.O. Box Number is Not Acceptable) 6942 W. HILLSBOROUGH TAMPA, FL 33634 City 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 Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** ☐ Addition TITLE TITLE ☐ Change ☐ Defete PERALES, GUILLERMO NAME NAME 7750 N. MAC ARTHUR, SUITE 120-221 STREET ADDRESS STREET ADDRESS **IRVING, TX 75063** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change \_\_\_ Addition\_ TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 the 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 of trusted framework that it is reported to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED