2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: CHILLENG ACADICA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # M0300003731 1. Entity Name SUNNY CORRAL MANAGEMENT, LLC			Secretary of State
	ce of Business Mailing Address C ARTHUR, SUITE 120-221 7750 N. MAC ARTHI 75063 RVING, TX 75063	UR, SUITE 120-221	
·	2° Am.	<u> </u>	
DO NOT WRITE IN THIS SPACE			04112005No Chg-LLC CR2E083 (10/03)
			4. FEI Number Applied For 41-1609289 Not Applicable
)	5. Certificate of Status Desired Spee Required Fee Required
Name and Address of Current Registered Agent			
DOBBYN, RICK 6942 W. HILLSBOROUGH TAMPA, FL 33634			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 Signature, typed or printed name of registered agent and tide if applicable (NOTE. Registered Agent signature required when renatating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PERALES, GUILLERMO 7750 N. MAC ARTHUR, SUITE 120-221 IRVING, TX 75063		
NAME STREET ADDRESS CITY-ST-ZIP			0000003132 5 0 04/18/05-80117-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
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TITLE NAME STREET ADDRESS 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 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.			