


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # Z00609**  
 1. Entity Name  
 US, LIMITED COMPANY



Principal Place of Business 2170 SUNNYDALE BLVD. SUITE W CLEARWATER, FL 33765	Mailing Address 2170 SUNNYDALE BLVD. SUITE W CLEARWATER, FL 33765
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3131078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNUS CORPORATION  
 2170 SUNNYDALE BLVD.  
 SUITE W  
 CLEARWATER, FL 33765

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004.**

U00000075057  
 03/03/04-80045-002-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SUNUS CORPORATION 2170 SUNNYDALE BLVD., #W CLEARWATER, FL
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: by: Alicia N. McCauley Alicia N. McCauley,  
 Managing Member Sec-Treas of Sunus Corp., 2/27/04 (727) 447-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #