

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000000310

1. Entity Name
SUNSHINE PORTFOLIO, LTD. I



Principal Place of Business
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

Mailing Address
215 NORTH EOLA DRIVE
ORLANDO, FL 32801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
59-3229437

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'KANE, MATTHEW R
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P04000049335**
 NAME **FYC SUNSHINE INVESTMENTS, INC.**
 STREET ADDRESS **215 NORTH EOLA DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32801**

STREET ADDRESS
 CITY-ST-ZIP **02/13/06-80066-024 500.00**

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 CITY-ST-ZIP

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Doron Schuldenfrei
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

DORON SCHULDENFREI, PRESIDENT