
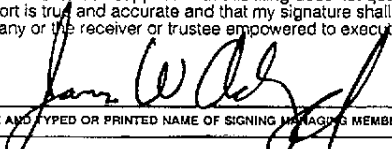


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006398		
1. Entity Name SUNSHINE EAST NAPLES, LLC		
Principal Place of Business 1100 5TH AVENUE S 408 NAPLES, FL 34102	Mailing Address 1100 5TH AVENUE S 408 NAPLES, FL 34102	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PAULICH, JOHN III 801 ANCHOR RODE DRIVE, SUITE 203 NAPLES, FL 34103		
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, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ACKROYD, JAMES 141 9TH STREET NORTH NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing 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.		
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3653480	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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IN THIS SPACE**

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04/28/04-80040-012 50.00