

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90003 019 \*\*\*\*50.00

**DOCUMENT # L00000006548**

1. Entity Name  
**SUNSHINE EQUITY HOLDINGS, LLC** ✓

Principal Place of Business      Mailing Address  
**C/O RTI INSURANCE SERVICES OF FLORIDA**      **C/O RTI INSURANCE SERVICES OF FLORIDA**  
**2801-K ESTERO BOULEVARD**      **2801-K ESTERO BOULEVARD**  
**FORT MYERS FL 33931**      **FORT MYERS FL 33931**

945333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1014337</b> & <b>65-0079238</b> <b>APPLIED FOR</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WOLFF, CASEY ESQ.</b> <b>C/O PAULICH, SLACK &amp; WOLFF, P.A.</b> <b>801 ANCHOR RODE DRIVE, SUITE 203</b> <b>NAPLES FL 34103</b>			Name <b>Kovacs Kim</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>40 RTI Insurance Serv. of Florida</b>		
			City <b>Fort Myers Beach FL</b> Zip Code <b>33931</b>		
			<b>2801-K Estero Blvd</b>		

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.

SIGNATURE *Kimberly J. Kwoy* DATE 4/18/02

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	<b>MGRM FOLINO, JOHN A</b> <input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>125 HILLVUE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PITTSBURGH PA 15237</b>		CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED* DATE 4/18/02 DAYTIME PHONE # 412-318-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)