

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006548

FILED
May 01, 2006
Secretary of State

Entity Name: SUNSHINE EQUITY HOLDINGS, LLC

Current Principal Place of Business:

C/O RTI INSURANCE SERVICES OF FLORIDA
2801-K ESTERO BOULEVARD
FORT MYERS, FL 33931

New Principal Place of Business:

C/O RTI INSURANCE SERVICES OF FLORIDA
2801-K ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

Current Mailing Address:

C/O RTI INSURANCE SERVICES OF FLORIDA
2801-K ESTERO BOULEVARD
FORT MYERS, FL 33931

New Mailing Address:

C/O RTI INSURANCE SERVICES OF FLORIDA
2801-K ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

FEI Number: 65-1014337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOVACS, KIM
C/O RTI INSURANCE SERV. OF FLORIDA
2801-K ESTERO BLVD
FORT MYERS BEACH, FL 33931 US

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FOLINO, JOHN A
Address: 125 HILLVUE LANE
City-St-Zip: PITTSBURGH, PA 15237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A FOLINO

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date