


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90331 042 \*\*\*\*50.00

<b>DOCUMENT # L01000002671</b> 1. Entity Name <b>SUNSCHEINE PROPERTY 1, LLC</b>	
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Principal Place of Business <b>13014 N. DALE MABRY HIGHWAY, SUITE 737 TAMPA, FL 33618</b>	Mailing Address <b>13014 N. DALE MABRY HIGHWAY, SUITE 737 TAMPA, FL 33618</b>
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03262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**52-2318372**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SCHEINER, ADAM J
STREET ADDRESS	3322 WESTMORELAND DRIVE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	MGRM
NAME	SCHEINER, CARRIE L
STREET ADDRESS	3322 WESTMORELAND DRIVE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

*Managing Member*

*3/28/04*

Date

*813-908-3040*

Daytime Phone #