


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003544 1. Entity Name SUNSHINE HOTEL ASSOCIATES, L.L.C.	
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Principal Place of Business C/O SAMUEL AGEE 111 STONEMARK LANE SUITE 202 COLUMBIA, SC 29210	Mailing Address C/O SAMUEL AGEE 111 STONEMARK LANE SUITE 202 COLUMBIA, SC 29210
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04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2077780	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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6. Name and Address of Current Registered Agent

HUSZAGH, LEE
249 E VIRGINIA ST
TALLAHASSEE, FL 32301

**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**

U000000161135
05/21/04-80001-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR AGEE, SAMUEL C JR. 1527 KATHWOOD DR. COLUMBIA, SC 29206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR CIPKALA, CLARENCE S 223 W. PASSAGE DR. COLUMBIA, SC 29212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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

5/17/04

Date

(803) 798-7979

Daytime Phone #