

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 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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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

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
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80049-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Samuel C. Agee, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1/10/07</u> <small>Date</small>	<u>(803) 798-7979</u> <small>Daytime Phone #</small>
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