

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001957**

1. Entity Name  
**SUNSHINE AVIATION, LLC**



Principal Place of Business  
**1741 WEST BEAVER ST.  
JACKSONVILLE, FL 32209**

Mailing Address  
**PO BOX 41430  
JACKSONVILLE, FL 32203-1430 US**



01172006No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0377556**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**BEAVER STREET FOODS, INC.  
1741 W BEAVER STREET  
JACKSONVILLE, FL 32209**

**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 resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BEAVER STREET FISHERIES, INC.
STREET ADDRESS	1741 W BEAVER ST
CITY- ST- ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000547437  
05/12/06-80025-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

**HAUS FRISCH, V. PRES.  
OF BEAVER STREET FISHERIES,  
INC.**

**(904)  
354-8532  
4/25/06**