

FROM :

FAX NO. : 4078314407

Apr. 29 2005 04:57PM P2

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003565		
1. Entity Name FLORIDA SUNSHINE HOMES, LLC		
Principal Place of Business 500 E. SEMORAN BLVD., STE. 2-J CASSELBERRY, FL 32707		Mailing Address 500 E. SEMORAN BLVD., STE. 2-J CASSELBERRY, FL 32707
DO NOT WRITE IN THIS SPACE		
		 04292005 No Chg-LLC CR2E083 (1C/03)
		4. FEI Number 01-0512189 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
8. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
SINGH, BALWINDER 500 E. SEMORAN BLVD., STE. 2-J CASSELBERRY, FL 32707		
9. 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 changing agent) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
10. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGH, BALWINDER 500 E SEMORAN BLVD STE 2-J CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MR. HARDIP SINGH DHARIWAL 5035 DR. PHILLIPS BLVD., #207 ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(x), Florida Statutes. (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 536, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		4/29/05 Date

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