

FILED
Aug 28, 2003 8:00 am
Secretary of State

8/1

08-13-2003 90050 002 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003565

1. Entity Name

Florida Sunshine Homes LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 E Semoran Blvd, Ste 2 J

Suite, Apt. #, etc

3. Mailing Address

500 E Semoran Blvd, Ste 2 J

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

City & State

Casselberry, Florida

Zip

32707

Country

4. FEI Number

01-0612189

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SINGH, BALWINDER

Street Address (P.O. Box Number is Not Acceptable)

500 E. SEMORAN BLVD., STE. 2-J

City

CASSELBERRY

FL

Zip Code

32707

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MANAGER
SINGH, BALWINDER
500 E. SEMORAN BLVD., STE. 2-J
CASSELBERRY FL 32707

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



Attachment

55055236

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 15, 2003

FLORIDA SUNSHINE HOMES, LLC
500 E. SEMORAN BLVD., STE. 2-J
CASSELBERRY, FL 32707

Subject: **FLORIDA SUNSHINE HOMES, LLC**

Reference Number: L02000003565

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH

ANNUAL REPORTS SECTION

Please note that the file is of a manager.