


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

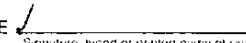
FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 026 ****50.00

DOCUMENT # L02000005337				
1. Entity Name SUNSHINE OPERATIONS OF LAKE, LLC				
Principal Place of Business 9535 SILVER LAKE DR. LEESBURG FL 34788		Mailing Address 9535 SILVER LAKE DR. LEESBURG FL 34788		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent COSTELLO, JAMES P 9535 SILVER LAKE DR. LEESBURG FL 34788				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 				DATE	

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBER		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSTELLO, JAMES P 9535 SILVER LAKE DR. LEESBURG FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

J.P. Costello

Date

Daytime Phone #

7/16/07 352.408.140