## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 18, 2008 8:00 am Secretary of State DOCUMENT # L02000005337 04-18-2008 90153 017 \*\*\*138.75 SUNSHINE OPERATIONS OF LAKE, LLC Principal Place of Business Mailing Address 9535 SILVER LAKE DR. 9535 SILVER LAKE DR. 50004534 LEESBURG, FL 34788 LEESBURG, FL 34788 04132008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1886234 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COSTELLO, JAMES P DO NOT WRITE 9535 SILVER LAKE DR. LEESBURG, FL 34788 IN THIS SPACE ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE COSTELLO, JAMES P NAME 9535 SILVER LAKE DR. STREET ADDRESS LEESBURG, FL 34788 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 also limited liability company or the receiver or trustee examples of the limited liability company or the receiver or trustee examples of the exemptions are equired by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #

FILED