FILED

03 APR -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500015434175
04/07/03--01057--002 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013922

1. Entity Name
SUNSHINE PHOENIX OF THE PALM BEACHES, L.L.C.

Principal Place of Business	Mailing Address
~~1860 FOREST HILL BOULEVARD~~ ~~105~~ ~~WEST PALM BEACH, FL 33406 US~~ 811 Upland Rd WPB 33406	~~1860 FOREST HILL BOULEVARD~~ ~~105~~ ~~WEST PALM BEACH, FL 33406 US~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
811 Upland Rd	86 MACFARLANE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. #9A
City & State West Palm Beach, Fl.	City & State DELRAY BEACH, FL.
Zip 33406	Country USA
Zip 33483	Country USA

4. FEI Number — ☒ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GRANTHAM, KIRK~~ ~~1860 FOREST HILL BOULEVARD~~ ~~105~~ ~~WEST PALM BEACH, FL 33406~~	Name PATRICIA O'HEARNE Street Address (P.O. Box Number is Not Acceptable) 86 MAC FARLANE DR #9A City DELRAY BEACH FL Zip Code 33483

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 Patricia O'Hearne 4/1/03
If signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVID, O'HEARNE ~~1860 FOREST HILL BOULEVARD, SUITE 105~~ ~~WEST PALM BEACH, FL 33406~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID O'HEARNE 86 MACFARLANE DR. DELRAY BEACH, FL. 33483 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATRICIA, O'HEARNE ~~1860 FOREST HILL BOULEVARD, SUITE 105~~ ~~WEST PALM BEACH, FL 33406~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRICIA O'HEARNE 86 MAC FARLANE DR. #9A DELRAY BEACH, FL. 33483 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STEFANIE, GUGELOT ~~1860 FOREST HILL BOULEVARD, SUITE 105~~ ~~WEST PALM BEACH, FL 33406~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STEFANIE GUGELOT 2160 IBIS ISLE RD. H 11 PALM BEACH, FL. 33480 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: Patricia O'Hearne 4/1/03 561-276-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #