

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013960

FILED
Apr 21, 2008
Secretary of State

Entity Name: SUNSHINE HOME BUYERS, L.L.C.

Current Principal Place of Business:

3970 CAPE COLE BLVD.
C/O BURNT STORE MARINA
PUNTA GORDA, FL 33955

New Principal Place of Business:

3970 CAPE COLE BLVD.
PUNTA GORDA, FL 33955

Current Mailing Address:

3970 CAPE COLE BLVD.
C/O BURNT STORE MARINA
PUNTA GORDA, FL 33955

New Mailing Address:

3970 CAPE COLE BLVD.
PUNTA GORDA, FL 33955

FEI Number: 01-0705989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAMNER, SAMUEL A
C/O BURNT STORE MARINA
3970 CAPE COLE BLVD.
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

KLAMNER, SAMUEL A
3970 CAPE COLE BLVD.
PUNTA GORDA, FL 33955 US

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.

SIGNATURE:

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KLAMNER, SAMUEL A
Address: 3970 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM () Delete
Name: KLAMNER, MARSHA A
Address: 3970 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL KLAMNER

MBR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date