**FILED**
**Jul 06, 2007 08:00 AM**
**Secretary of State**

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015796

1. *Entity Name*
SUNSHINE GROUP LLC

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 1987<br>ORANGE PARK, FL 32067 US | P. O. BOX 1987<br>ORANGE PARK, FL 32067 US |

DO NOT WRITE IN THIS SPACE

03312007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
37-1433606
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, MARION R
708 MARTINIQUE CT
ORANGE PARK, FL 32073

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | BARNES, MARION R |
| STREET ADDRESS | 709 MARTINIQUE COURT |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 |
| TITLE | MGR |
| NAME | BLANCHARD, WILLIAM D |
| STREET ADDRESS | 313 GATEFIELD DR |
| CITY-ST-ZIP | WILMINGTON, NC 28412 |
| TITLE | MGR |
| NAME | BARNES, ROBERT |
| STREET ADDRESS | 709 MARTINIQUE COURT |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 |
| TITLE | MGR |
| NAME | LUNDEEN, JAMES JR |
| STREET ADDRESS | 1302 SUNNY LANE |
| CITY-ST-ZIP | ANOKA, MN 55303 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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07/06/07-80010-006 50.00

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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:** Teresa Self CPA 3/21/07 904-276-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #