

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016710

1. Entity Name
SUNSHINE INVESTMENTS OF SOUTH FLORIDA, LLC



Principal Place of Business

**470 CALOOSA DRIVE
LABELLE, FL 33935**

Mailing Address

**470 CALOOSA DRIVE
LABELLE, FL 33935**

DO NOT WRITE IN THIS SPACE



03022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
27-0029440

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CURRAN, M. GLENN III
2400 EAST COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BOSLEY, EDWIN
STREET ADDRESS	470 CALOOSA DRIVE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	MGR
NAME	BOSLEY, LINDA
STREET ADDRESS	470 CALOOSA DRIVE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	MGR
NAME	CURRAN, M. GLENN III
STREET ADDRESS	2400 EAST COMMERCIAL BLVD., SUITE 208
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	CURRAN, SANDY
STREET ADDRESS	2400 EAST COMMERCIAL BLVD., SUITE 208
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80060-009 55.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Edwin Bosley, Manager 3/8/05 954 975-6270