2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016710

1. Entity Name
SUNSHINE INVESTMENTS OF SOUTH FLORIDA, LLC

Principal Place of Business	Mailing Address
470 CALOOSA DRIVE LABELLE, FL 33935	470 CALOOSA DRIVE LABELLE, FL 33935

01172006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2006

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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01/31/06-80029-018 55.00

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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: Edwin Bosley Manager 1/12/06 954 975-6270
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #