

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90007 022 ****55.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR BOSLEY, EDWIN 470 CALOOSA DRIVE LABELLE FL 33935	<input type="checkbox"/>		<input type="checkbox"/>
MGR BOSLEY, LINDA 470 CALOOSA DRIVE LABELLE FL 33935	<input type="checkbox"/>		<input type="checkbox"/>
MGR CURRAN, M. GLENN III 2400 EAST COMMERCIAL BLVD., SUITE 208 FORT LAUDERDALE FL 33308	<input type="checkbox"/>		<input type="checkbox"/>
MGR CURRAN, SANDY 2400 EAST COMMERCIAL BLVD., SUITE 208 FORT LAUDERDALE FL 33308	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE *E. M. Bosley, Mgr*

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

Date

Daytime Phone #

1/8/03 **954**
975-6270