


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 004 ****55.00

| | | |
|--|--|---|
| DOCUMENT # L02000018088 | |  |
| 1. Entity Name SUNSHINE ENTERPRISES, LLC | | |

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|---|---|
| Principal Place of Business 13511 STRATFORD PL. CIRCLE #302 FORT MYERS FL 33919 | Mailing Address 13511 STRATFORD PL. CIRCLE #302 FORT MYERS FL 33919 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business <i>above</i> | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

| | |
|------------------------------------|--|
| 4. FEI Number 76-0704247 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| | |
|---|--|
| 6. Name and Address of Current Registered Agent LUDDEN, EDWARD J 13511 STRATFORD PLACE #302 FORT MYERS FL 33919 <i>Circle</i> | |
|---|--|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ (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, 2005

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LUDDEN, EDWARD J 13511 STRATFORD PLACE #302 FORT MYERS FL 33919 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCAR, DONALD J 4100 STEAMBOAT BEND E #302 FORT MYERS FL 33919 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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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: *Ed Ludden* **1/31/05** **239-432-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #