2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# L03000012570

Entity Name: SUNSHIKA, L.L.C.

Current Principal Place of Business:

200 S. TARRAGONA STREET
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

200 S. TARRAGONA STREET
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 45-0509598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JESMONTH, RICHARD E
200 S. TARRAGONA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RICHARD E. JESMONTH, & TERRI JESMON T H
Address: 326 DEERPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JESMONTH, RICHARD E
Address: 326 DEERPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: M ( ) Change (X) Addition
Name: JESMONTH, TERRI
Address: 326 DEERPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD E. JESMONTH MGRM 06/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date