


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000015984</b>	
1. Entity Name <b>SUNSHINE LAND HOLDING, L.L.C.</b>	

Principal Place of Business <b>4141 SOUTHPOINT DRIVE EAST, STE. B JACKSONVILLE, FL 32216</b>	Mailing Address <b>4141 SOUTHPOINT DRIVE EAST, STE. B JACKSONVILLE, FL 32216</b>
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**DO NOT WRITE IN THIS SPACE**



01052006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>05-0570190</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SILVERFIELD, GARY D  
4141 SOUTHPOINT DRIVE EAST, STE. B  
JACKSONVILLE, FL 32216**

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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 \_\_\_\_\_ 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**

03/22/06-80012-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERFIELD, GARY D 4141 SOUTHPOINT DRIVE E STE B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERFIELD, LEED C 4141 SOUTHPOINT DRIVE E STE B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREEDING, HELEN E 4141 SOUTHPOINT DRIVE E., STE. B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ATKERSON, CHARLES F JR. 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAKEFIELD, SERENA 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Day/Mo/Phone # \_\_\_\_\_