2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # £03000015984

1. Entity Name

SUNSHINE LAND HOLDINGS, LLC



Principal Place of Business

Mailing Address

4141 SOUTHPOINT DRIVE EAST, STE. B JACKSONVILLE, FL 32216

4141 SOUTHPOINT DRIVE EAST, STE, B JACKSONVILLE, FL 32216

FILED Apr 07, 2008 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

01282008 No Chg-LLC

CR2E083 (12/07)

4, FEI Number 05-0570190

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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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.		WOLF D	DAYS
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS			
TITLE	MGR		has the state of t
NAME	SILVERFIELD, GARY D	the state of the s	San Marian Caracter Commencer
STREET ADDRESS	4141 SOUTHPOINT DRIVE EAST, STE. B	A Section of the Control of the Cont	The state of the s
CITY-ST-ZIP	JACKSONVILLE, FL 32216	the second se	Children Children Children
TITLE	MGR	The state of the s	
NAME	ATKERSON, CHARLES F JR.	9).	wall to be with the first of

STREET ADDRESS 8833 PERIMETER PARK BLVD., SUITE 1104 CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

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