

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033747

1. Entity Name
WINTER PARK SUNSHINE HOLDINGS, LLC



Principal Place of Business
1800 NORTH DOUGLAS RD., STE. 200
PEMBROKE PINES, FL 33024-3200

Mailing Address
1800 NORTH DOUGLAS RD., STE. 200
PEMBROKE PINES, FL 33024-3200



03072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1603447

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN, DAVID L
1800 NORTH DOUGLAS RD., STE. 200
PEMBROKE PINES, FL 33024-3200

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JOHN, DAVID L
STREET ADDRESS 1800 NORTH DOUGLAS ROAD, SUITE 200
CITY-ST-ZIP PEMBROKE PINES, FL 330243200

TITLE MGRM
NAME MILLER, ROBERT H
STREET ADDRESS 1800 NORTH DOUGLAS ROAD SUITE 200
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE MGRM
NAME LEGG, ROBERT P
STREET ADDRESS 1800 NORTH DOUGLAS ROAD SUITE 200
CITY-ST-ZIP PEMBROKE PINES, FL 33024

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04/26/06-80121-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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

03/27/06

Date

Daytime Phone #