


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044707</b> 1. Entity Name <b>SUNSHINE VI LLC</b>	
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Principal Place of Business <b>2268 LAVISTA AVENUE PENSACOLA, FL 32504</b>	Mailing Address <b>2268 LAVISTA AVENUE PENSACOLA, FL 32504</b>
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04052007 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2144221</b>	Applied For 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**

**VRENDENBURG, BRUCE  
2153 COPLEY DR  
PENSACOLA, FL 32503**

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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, 2007**

U00000706062  
04/24/07-80017-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIDEAU, BRENT D 4530 FRANCISCO ROAD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTERN GATE PROPERTIES INC. 2268 LAVISTA AVENUE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOWELL, ADEN K 2310 BANQUOS TRAIL PENSACOLA, FL 32504
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Adena C. Robinson IV*      Date: 4-9-07      Daytime Phone #: 850-477-8350

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