


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90001 001 ****50.00

DOCUMENT # L03000049750 1. Entity Name SUNSHINE ANCILLA LLC					
Principal Place of Business 223 GRAHAM RD FERN PARK, FL 32730			Mailing Address P.O. BOX 1540 MAITLAND, FL 32794		
2. Principal Place of Business 622 N. Semoran Blvd		3. Mailing Address Samp			
Suite, Apt. #, etc. Apt. 1		Suite, Apt. #, etc. Samp			
City & State Winter Park		City & State Winter Park			
Zip 32792		Country Orange		Zip 32792	
Country Orange		Country Orange			
6. Name and Address of Current Registered Agent MAYER, GABRIEL 223 GRAHAM RD FERN PARK, FL 32730			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 622 North Semoran Blvd. Apt 1 City Winter Park		
State FL			Zip Code 32792		
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 <u><i>G. Mayer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>8/21/06</u>	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYER, GABRIEL 223 GRAHAM RD FERN PARK, FL 32730		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>G. Mayer</i></u> GABRIEL MAYER <u>8/21/06</u> <u>(321) 231 5956</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					