2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2007
Secretary of State

DOCUMENT# L03000049750

Entity Name: SUNSHINE ANCILLA LLC

Current Principal Place of Business:

622 NORTH SEMORAN BLVD
APT 1
WINTER PARK, FL 32792

New Principal Place of Business:

4005 WEST ROGERS AVE
TAMPA, FL 33611

Current Mailing Address:

P.O. BOX 1540
MAITLAND, FL 32794

New Mailing Address:

4005 WEST ROGERS AVE
TAMPA, FL 33611 US

FEI Number: 05-0591422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYER, GABRIEL
622 NORTH SEMORAN BLVD
APT 1
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

MAYER, GABRIEL
4005 WEST ROGERS AVE
TAMPA, FL 33611 US

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.

SIGNATURE: _____ 08/19/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAYER, GABRIEL
Address: 622 NORTH SEMORAN BLVD APT 1
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAYER, GABRIEL
Address: 4005 WEST ROGERS AVE
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIEL MAYER DR. 08/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date