2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000053199

1. Entity Name
SUNSHINE DEVELOPERS, LLC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

10101 COLLINS AVE, UNIT 9A BAL HARBOUR, FL 33154 Mailing Address

10101 COLLINS AVE, UNIT 9A BAL HARBOUR, FL 33154



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 41-2119660 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

S & R INVESTMENT, LLC 10101 COLLINS AVE, UNIT 9A BAL HARBOUR, FL 33154

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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

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

- U00000093756:

05/27/08-80054-024 143.75

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9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S&R INVESTMENT LLC 10101 COLLINS AVE MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST. GEORGE INVESTOR CORP. 1401 PONCE DE LEON, SUITE 401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUKEN, SALOMON 10101 COLLINS AVE 9A MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

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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 it is 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 trisker showered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

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

Daytirgle Prone #