2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: A SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, DR AUTHORIZED REPRESENTATIVE

FILED Mar 28, 2006 08:00 AM Secretary of State

3/23/06 56/-452-175

DOCUMENT # L0400005224 1. Entity Name SUNSHINE SERVICES L.L.C.			Secretary of State	
Principal Place 111 MAGIC W JUPITER, FL	VAY	Mailing Address 111 MÁGIC WAY - JUPITER, FL 33458		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			CE	03102006No Chg-LLC
PATEL, MAHESH 111 MAGIC WAY JUPITER, FL 33458				DO NOT WRITE IN THIS SPACE
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 tide if applicable (NOTE: Registered Agent signature required when reinstance) DATE				
Filing Fee is \$50.00 Due by May 1, 2006				
TITLE NAME STRILET ADDRESS CHY-ST-TIP TITLE	MANAGING MEMBER MGRM PATEL, MAHESH 111 MAGIC WAY JUPITER, FL 33458 MGRM	s/managers		11000000483181 04/11/06-80105-019 50. 00
NAME STREET ADDRESS CITY-ST-ZIP	RAJPARA, NATVARLAI 910 WINCHESTER DRIVE WESTMINSTER, MD 21157			. ,
NAME STREET ADDRESS CIFY-ST-ZIP TRUE				DO NOT WRITE
name Street address City-St-Ip				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
Title Name Street Address Gity-ST-Zip				
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 enjoyated to execute this report as required by Chapter 608, Florida Statutes.				