


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90012 045 \*\*\*\*\*50.00

<b>DOCUMENT # L04000011334</b> 1. Entity Name <b>FUNSHINE PROPERTY, LLC</b>					
Principal Place of Business <b>1807 MASSACHUSETTS AVENUE LYNN HAVEN, FL 32444 US</b>			Mailing Address <b>1807 MASSACHUSETTS AVENUE LYNN HAVEN, FL 32444 US</b>		
2. Principal Place of Business <b>6700 Oak Shore Dr. Suite, Apt. #, etc. # 308</b>		3. Mailing Address <b>P.O. Box 10402 Suite, Apt. #, etc.</b>			
City & State <b>Panama City FL</b>		City & State <b>Panama City FL</b>			
Zip <b>32404</b>		Country <b>Bay</b>		Zip <b>32404</b>	
Country <b>Bay</b>		4. FEI Number <b>90-0144746</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VANASTEN, CHRISTOPHER J 1807 MASSACHUSETTS AVENUE LYNN HAVEN, FL 32444</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6700 Oakshore Dr # 308</b> City <b>Panama City</b> FL Zip Code <b>32404</b>		
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>Chris Van Asten</i></u> <b>CHRIS VAN ASTEN</b> <b>9-5-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VANASTEN, CHRISTOPHER J 1807 MASSACHUSETTS AVENUE LYNN HAVEN, FL 32444</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6700 Oakshore Dr # 308 Panama City FL 32404</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Chris Van Asten</i></u> <b>CHRIS VAN ASTEN</b> <b>9-5-05</b> <b>(850) 874-1700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					