2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

01-12-2005 90028 021 ****55.00

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1. Entity Name
SUNSHINE TRAVEL ADVENTURES L.L.C.

Principal Place of Business	Mailing Address
40 POSTWOOD DRIVE PALM COAST, FL 32137	P.O. BOX 352602 PALM COAST, FL 32135-2602

01102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		40 PostWood Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Coast, FL.	
Zip	Country	Zip 32164	Country

4. FEI Number 20-0668527 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALDEN, JAMES A 40 POSTWOOD DRIVE PALM COAST, FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDEN, JAMES A 40 POSTWOOD DRIVE PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALDEN, DONNA M 40 POSTWOOD DRIVE PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: James A. Walden 2-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #