

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011567

FILED
Jul 03, 2006
Secretary of State

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

Current Principal Place of Business:

40 POSTWOOD DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

40 POSTWOOD DRIVE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 20-0668527 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:

Name and Address of New Registered Agent:

WALDEN, JAMES A
40 POSTWOOD DRIVE
PALM COAST, FL 32137 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALDEN, JAMES A
Address: 40 POSTWOOD DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: WALDEN, DONNA M
Address: 40 POSTWOOD DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A. WALDEN

MGRM

07/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date