2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L04000011567

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:

40 POSTWOOD DRIVE
PALM COAST, FL 32164

Current Mailing Address:

40 POSTWOOD DRIVE
PALM COAST, FL 32137

New Mailing Address:

40 POSTWOOD DRIVE
PALM COAST, FL 32164

FEI Number: 20-0668527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDEN, JAMES A
40 POSTWOOD DRIVE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

WALDEN, JAMES A
40 POSTWOOD DRIVE
PALM COAST, FL 32164 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: 04/14/2009
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: MGRM (X) Change ( ) Addition
Name: WALDEN, JAMES A
Address: 40 POSTWOOD DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: MGRM (X) Change ( ) Addition
Name: WALDEN, DONNA M
Address: 40 POSTWOOD DRIVE
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify 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 MEMB 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date