## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # L04000024203  1. Entity Name SUNSHINE PROPERTIES, LLC						04-26-2007 90040	038 ****50	).00	
Principal Place of Business			Mailing Address			000			
P O BOX 3161 TEQUESTA, FL 33469			P O BOX 3161 TEQUESTA, FL 33469				··· =:=:= i:bil 2010		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242007 Chg-LLC CR2	2E083 (12/06)		
City & State			City & State			4. FEI Number 11-3743961		oplied For ot Applicable	
Zip			Zip			5. Certificate of Status Desired	Fee Required		
Name and Address of Current Registered Agent					Name	7. Name and Address of New Register	ad Agent		
MANTWIL					_ Dav	uid A. Martwill			
6 CONCO						s (P.O. Box Number is Not Acceptable)  n course Dr			
•	· · ·								
					City Jego	uesta F	L Zip Cod	246 <b>9</b>	
8. The above	named entit	ly submits this statement for	The purpose of changing its	Tegistéri		ered agent, or both, in the State of Florida. Is	am familiar with,	and accept	
the obligations of registered agent  David A. Mantwill  4.24.07									
SIGNATURE .	Signature, system	To printed remarks a leved spent a	and fire trapplicable. (NOTE	E: Registere	ed Agent signature requir				
Filing Fee is \$50.00 Due by May 1, 2007						Florida Depar		0	
9.	MGR.	MANAGING MEMBER		10.		ADDITIONS/CHANG	Change	☐ Addition	
TITLE NAME	1	LL, DAVID A	☐ Delete	TITLI NAM	l l		L_1 Ulango	∐ Auumon	
STREET ADORESS City-St-Zip	P O BOX 3161 TEQUESTA, FL 33469			EET ADDRESS (-ST-ZIP					
TITLE			☐ Delete	TITLE	<b>I</b>		☐ Change	Addition	
NAME Street address				NAM STRE	AE EET ADDRESS				
CITY-ST-ZIP	<u> </u>			CITY	r-S1-ZIP				
TITLE			☐ Delete	TITLE	I		☐ Change	Addition	
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CITY-ST-ZIP				CITY	r+ST-ZIP				
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STREET ADORESS					EET ADDRESS				
CITY-ST-ZIP					/-ST-21P				
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CITY-ST-ZIP	<u> </u>				7-ST-ZIP			- Addison	
TITLE NAME			☐ Delete	TITLE NAM	<b>I</b>		☐ Change	Addition	
STREET ADDRESS	1			STRE	EET ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	and the second s		(-ST-ZIP	= 1: 01 110 Elevida Statutes   further on	-if that the infe	antian	
11. I hereby certify that the information supplied with this filling does the quality 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 or trustee empowered to the report as required by Chapter 608, Florida Statutes.									
imited na	bility compar	ny or the receiver or trustee	empowered to the time in a	repouras	s recemed by Cha	pier 606, rionga statutes.	56	1-	
SIGNATURE:  SIGNATURE:  STORM THE STORM THE COLUMN TRANSCORD MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date									
SIGNATURE: VALUE OF STREET NAME OF S									