

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000031995

1. Entity Name
SUNSHINE GOOD CARE, LLC



Principal Place of Business

5601 COLLINS AVENUE
SUITE 1208
MIAMI BEACH, FL 33140 US

Mailing Address

5601 COLLINS AVENUE
SUITE 1208
MIAMI BEACH, FL 33140 US



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2135508

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REKBLATT, GEORGE
5601 COLLINS AVENUE
SUITE 1208
MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

B. 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, 2006

8. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REKBLATT, GEORGE
STREET ADDRESS	445 NEPTUNE AVE., #18F
CITY-ST-ZIP	BROOKLYN, NY 11224
TITLE	MGRM
NAME	DALIS, MICHAEL
STREET ADDRESS	209 GOLDEN BEACH DR.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	MGRM
NAME	SHVARTSMAN, YURIY
STREET ADDRESS	240 POINCIANA ISLAND DR
CITY-ST-ZIP	SUNNY ISL BCH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80037-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/05 305-512-6878