

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033561

**FILED**  
**Mar 16, 2005**  
**Secretary of State**

**Entity Name:** SUNSHINE STATE LAND INVESTMENT COMPANY, LLC

**Current Principal Place of Business:**

265 WEST 33RD STREET  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

777 ARTHUR GODFREY ROAD  
SUITE # 320  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

PO BOX 403046  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEXA, JOSEPH J  
265 WEST 33RD STREET  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

LEXA, JOSEPH J  
777 ARTHUR GODFREY ROAD  
SUITE # 320  
MIAMI BEACH, FL 33140 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

03/16/2005

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LEXA, JOSEPH J  
Address: PO BOX 403046  
City-St-Zip: MIAMI BEACH, FL 33140 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEXA, JOSEPH J  
Address: 777 ARTHUR GODFREY ROAD, SUITE # 320  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH J LEXA

MGR

03/16/2005

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