

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036872

FILED
Apr 25, 2006
Secretary of State

Entity Name: SUNSHINE HOMES OF FLORIDA, LLC

Current Principal Place of Business:

28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

3665 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 US

New Mailing Address:

3665 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134 US

FEI Number: 20-1129500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

ALLURE ACCOUNTING, LLC
3665 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134 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:

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMMER, SVEN
Address: 860 HASKELL ST.
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGRM () Delete
Name: WEISS, KATRIN
Address: 15900 OLD WEDGEWOOD CT.
City-St-Zip: FORT MYERS, FL 33908 US

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: KATRIN WEISS

MGRM

04/25/2006

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