## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000039899

1. Entity Name

SUNSHINE DREAM HOMES, L.L.C.



Principal Place of Business Mailing Address

4393 SW 146TH AVENUE MIAMI, FL 33175 4393 SW 146TH AVENUE MIAMI, FL 33175 FILED Apr 07, 2008 08:00 A Secretary of State



03262008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 54-2169791                       | Г      | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

6. Name and Address of Current Registered Agent

LOPEZ, NORBERTO 4393 SW 146TH AVENUE MIAMI, FL 33175

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

| SIGNATURE.   | Signature, typed or printed name of registered agent and title if applicable | (NOTE, Registered Agent signature required when reinstating) | DATE                                  |  |
|--|--|--|---------------------------------------|--|
|  | NOW!!! FER IS \$138.75<br>71, 2008 Fee will be \$538.75                      | a julia sa   |                                       |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |                                       |  |
| TITLE  | MGRM   |  |                                       |  |
| NAME   | FLEITES, MIGUEL  | •  | , 1                                   |  |
| STREET ADDRESS   | 9341 SW 6TH TERRACE  |  |                                       |  |
| CITY-ST-ZIP  | MIAMI, FL 33174  |  | U000008844 <u>7</u> 5                 |  |
| TITLE  | MGRM   |  | 04/17/08-80045-012 138.75             |  |
| NAME   | LOPEZ, NORBERTO  |  |                                       |  |
| STREET ADDRESS   | 4393 SW 146TH AVE.   |  |                                       |  |
| CITY-ST-ZIP  | MIAMI, FL 33175  |  | •                                     |  |
| TITLE  |  |  |                                       |  |
| NAME   |  |  |                                       |  |
| STREET ADDRESS   |  |  |                                       |  |
| City-St-ZIP  |  | טע ן   | NOT WRITE                             |  |
| TITLE  |  | IAI IAI  | THIS SPACE                            |  |
| NAME   |  | IN   | INIO SPACE                            |  |
| STREET ADDRESS   |  | •  |                                       |  |
| CITY-ST-ZIP  |  |  |                                       |  |
| TITLE  |  |  |                                       |  |
| NAME   | P.   |  |                                       |  |
| STREET ADDRESS   |  |  | <u>'</u>                              |  |
| CITY-ST-ZIP  |  |  |                                       |  |
| TITLE  |  |  |                                       |  |
| NAME   |  |  | ,                                     |  |
| STREET ADDRESS   |  |  | ·                                     |  |
| CITY-\$J-ZIP   |  |  | · · · · · · · · · · · · · · · · · · · |  |
| 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 receive or trustee purpowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |                                       |  |

8. 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