2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L04000040537

Entity Name: SUNSHINE FENCE AND IRRIGATION LLC

Current Principal Place of Business:

5345 W BOBCAT DR
FORT WHITE, FL 32038

New Principal Place of Business:

1993 STATE RD 20
HAWTHORNE, FL 32640

Current Mailing Address:

PO BOX 5171
FORT WHITE, FL 32038

New Mailing Address:

PO BOX 5171
GAINESVILLE, FL 32627

FEI Number: 74-3123245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHWARTZ, LYNN
4800 NW 33 TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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 Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	SCHWARTZ, DAVID	
Address:	4800 NW 33 TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGR	( ) Delete
Name:	SCHWARTZ, LYNN	
Address:	4800 NW 33 TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGRM	( ) Delete
Name:	SCHWARTZ, THOMAS R	
Address:	4800 NW 33 TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGRM	( ) Delete
Name:	SCHWARTZ, JESSE	
Address:	4800 NW 33RD TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGRM	( ) Delete
Name:	SCHWARTZ, AARON	
Address:	4800 NW 33RD TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: LYNN B SCHWARTZ MGR 04/27/2009

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