

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046656

FILED
May 01, 2008
Secretary of State

Entity Name: SUNSHINE RENTAL HOMES LLC

Current Principal Place of Business:

1912 NW 12TH ROAD
GAINESVILLE, FL 32605

New Principal Place of Business:

10524 MOSS PARK RD.
SUITE #204-330SRH
ORLANDO, FL 32832

Current Mailing Address:

1912 NW 12TH ROAD
GAINESVILLE, FL 32605

New Mailing Address:

10524 MOSS PARK RD.
SUITE #204-330SRH
ORLANDO, FL 32832

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MULLINS, CHARLES C III
1912 NW 12TH ROAD
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

MULLINS, CHARLES C III
10524 MOSS PARK RD.
SUITE #204-330SRH
ORLANDO, FL 32832 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHARLES, MULLINS C
Address: 1912 NW 12TH RD.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHARLES, MULLINS C
Address: 10524 MOSS PARK RD. SUITE #204-330SRH
City-St-Zip: ORLANDO, FL 32832

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: CHARLES MULLINS

MGRM

05/01/2008

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