

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050406

**FILED  
Jan 11, 2006  
Secretary of State**

**Entity Name:** SUNSHINE PARTNERS OF FLORIDA, LLC

**Current Principal Place of Business:**

3601 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

3601 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

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

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

MUELLER, SHIRLEY A ESQ.  
3601 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33405      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:                      MGRM                      ( ) Delete  
Name:                      MUELLER, SHIRLEY A ESQ.  
Address:                      3601 SOUTH FLAGLER DRIVE  
City-St-Zip:                      WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES:**

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: SHIRLEY A. MUELLER                      MGRM                      01/11/2006

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