

### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/5/2008-90065-028-\$50.00-\$50.00

**FILED**

2008 OCT 21 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08182008 Chg-LLC CR2E083 (12/06)

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L04000056105</b>   |   |   |   |
| 1. Entity Name<br>GATEHOUSE SUNSHADOW, LLC   |   |   |   |
| Principal Place of Business<br>3822 WEST 12TH AVENUE<br>HIALEAH, FL 33012  |   | Mailing Address<br>3822 WEST 12TH AVENUE<br>HIALEAH, FL 33012   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |
| Subs. Apt. #, etc.   |   | Subs. Apt. #, etc.  |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEI Number<br>20-1423789  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br>CAYON, MAURICE<br>3822 WEST 12TH AVENUE<br>HIALEAH, FL 33012  |   | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br><br>City _____ FL Zip Code _____ |   |
| 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 the obligations of registered agent.  |   |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   | DATE _____<br><small>(NOTE: Registered Agent signature required when remaining.)</small>  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>   |   | In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.  |   |
|  |   | Make check payable to Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CAYON, MAURICE<br>3857 WEST 18 AVENUE<br>HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>700137527567<br>10/31/08--01024--007 **88.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| 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 registered officer empowered to execute the reports required by Chapter 605, Florida Statutes. |   |   |   |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   | DATE _____<br><small>DATE</small>   |   |