

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061055

FILED
Aug 13, 2009
Secretary of State

Entity Name: SUNSHINE PROPERTIES OF FLORIDA, LLC

Current Principal Place of Business:

225 FIRENZE AVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

PO BOX 961033
BOSTON, MA 02196

New Mailing Address:

250 E53RD STREET
2102 - KILGORE
NEW YORK, NY 10022

FEI Number: 20-1529090 FEI Number Applied For () 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:

NAJMY, JOSEPH L ESQ
1205 MANATEE AVE. W.
BRADENTON, FL 34205 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: KILGORE, CHARLES
Address: 375 PARK AVE, SUITE 3401
City-St-Zip: NEW YORK, NY 10152

Title: MGRM () Delete
Name: POLLEYS, CATHERINE
Address: 4 LONG FELLOW PALCE #2310
City-St-Zip: BOSTON, MA 02114

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: POLLEYS, CATHERINE
Address: PO BOX 961022
City-St-Zip: BOSTON, MA 02196

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: CATHERINE POLLEYS

MGRM

08/13/2009

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