

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066999

FILED
Apr 24, 2007
Secretary of State

Entity Name: SUNSHINE ADVANTAGE, LLC

Current Principal Place of Business:

2097 WILD OAK CT.
KISSIMMEE, FL 34746

New Principal Place of Business:

24 ALPINE WAY
ELLIJAY, GA 30540

Current Mailing Address:

2097 WILD OAK CT.
KISSIMMEE, FL 34746

New Mailing Address:

24 ALPINE WAY
ELLIJAY, GA 30540

FEI Number: 90-0224489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, SUSAN L
2097 WILD OAK CT.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

CHODAZECK, THELMA J MRS
2406 COLONIAL AVENUE
LAKELAND, FL 33801 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: THELMA J CHODAZECK

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORMAN, SUSAN L MRS
Address: 2097 WILD OAK CT
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: NORMAN, DAVID E MR
Address: 2097 WILD OAK CT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORMAN, SUSAN L MRS
Address: 24 ALPINE WAY
City-St-Zip: ELLIJAY, GA 30540

Title: MGRM (X) Change () Addition
Name: NORMAN, DAVID E MR
Address: 24 ALPINE WAY
City-St-Zip: ELLIJAY, GA 30540

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: SUSAN L NORMAN

MGRM

04/24/2007

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