

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:17

DOCUMENT # L04000069215 1. Entity Name SUNSHINE RANCH ESTATES, LLC			
Principal Place of Business 1150 NORTHWEST 72ND AVENUE SUITE 620 MIAMI, FL 33126 US		Mailing Address 1150 NORTHWEST 72ND AVENUE SUITE 620 MIAMI, FL 33126 US	
2. Principal Place of Business 13794 N.W. 4 ST. Suite, Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA		3. Mailing Address 13794 N.W. 4 ST. Suite, Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA	
4. FEI Number 20-1649442		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 1150 NW 72ND AVENUE SUITE 620 MIAMI, FL 33126		7. Name and Address of Now Registered Agent Name Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable) 13794 N.W. 4 ST., Ste. 200 City Sunrise FL Zip Code 33325	
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 _____ Signature, typed or printed name of registered agent and title if applicable		900075220239 05/25/06--01008--009 ***250.00 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERMONT DEVELOPMENT, LLC 1150 NW 72ND AVE STE 620 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael T. Montero 13794 N.W. 4 ST., Ste. 200 Sunrise, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Joseph H. Perez 13794 N.W. 4 ST., Ste. 200 Sunrise, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Michael T. Montero (Manager)</u>		4/26/06 954-837-0456	