## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000077518**

1. Entity Name

SUNSHINE HOME FINDERS LLC



Principal Place of Business

7109 EAGLE TERRACE WEST PALM BEACH, FL 33412 Mailing Address

7109 EAGLE TERRACE WEST PALM BEACH, FL 33412 FILED Feb 26, 2007 08:00 A Secretary of State



02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2080942 Applied For Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GOMEZ, JOANNE D 7109 EAGLE TERRACE WEST PALM BEACH, FL 33412

SIGNATURE:

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the obligations of redistered agent.			
SIGNATURE_	Septial septions of purities name of registered again and title if application	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, JOANNE D 7109 EAGLE TERRACE WEST PALM BEACH, FL 33412		U00000649287
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000649287 03/07/07-80043-008 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

THEY OR PRINTED NAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REPRESENTATIVE

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