

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000083894

FILED
May 01, 2007
Secretary of State**Entity Name:** SUNSHINE INTERNATIONAL INVESTMENTS , LLC**Current Principal Place of Business:**830 SPRING PARK LOOP
CELEBRATION, FL 32746**New Principal Place of Business:****Current Mailing Address:**830 SPRING PARK LOOP
CELEBRATION, FL 32746**New Mailing Address:****FEI Number:** 20-1896972**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PATEL, PRAVIN N
2426 E SEMORAN BLVD
APOPKA, FL 32703 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: PATEL, SHAILESH
Address: 830 SPRING PARK LOOP
City-St-Zip: CELEBRATION, FL 32746**Title:** M () Delete
Name: AMIN, MAHESH
Address: 670 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744**Title:** M () Delete
Name: UNIQUE FINANCIAL CON, SULTANTS, INC.
Address: 5042 CALLE DE SOL
City-St-Zip: ORLANDO, FL 32819**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** M (X) Change () Addition
Name: AMIN, SHEENA
Address: 670 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: SHAILESH PATEL

MGRM

05/01/2007

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