

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90025 032 \*\*\*\*50.00

**DOCUMENT # L04000088910**

1. Entity Name  
**SUNSHINE INVESTMENT PROPERTIES LLC**



Principal Place of Business  
**1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

Mailing Address  
**1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

**20015911**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-1982906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **Jakobeit, Nicole**

Street Address (P.O. Box Number is Not Acceptable)

**1318 Lafayette St.**

City

**Cape Coral**

**FL**

Zip Code  
**33904**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-17-05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **JAKOBEIT, NICOLE**  
CITY-ST-ZIP **1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **BERNADET, BRIAN**  
CITY-ST-ZIP **1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **TRONO, THOMAS**  
CITY-ST-ZIP **1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BERNADET, GINA**  
CITY-ST-ZIP **1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-17-05**