
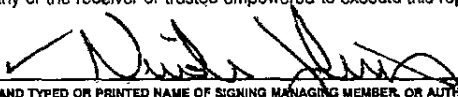


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000088910</b>		
1. Entity Name <b>SUNSHINE INVESTMENT PROPERTIES LLC</b>		
Principal Place of Business <b>1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>	Mailing Address <b>1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>JAKOBEIT, NICOLE 1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAKOBEIT, NICOLE 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNADET, BRIAN 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRONO, THOMAS 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNADET, GINA 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	
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.		
SIGNATURE: 		Date: <b>4/10/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1982906**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

110000508856  
04/28/06-80021-018 50.00