

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90078 012 \*\*\*\*55.00

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01102006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000090150</b> 1. Entity Name <b>SOUTHWEST SUNSHINE REALTY, LLC</b>					
Principal Place of Business <b>222 HARBOR DRIVE STE 405 NAPLES, FL 34103</b>			Mailing Address <b>5100 SOUTH CLEVELAND AVE # 366 FORT MYERS, FL 33907</b>		
2. Principal Place of Business <b>4071 RAINBOW DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>5100 S. CLEVELAND</b> Suite, Apt. #, etc. <b>Suite 318</b>			
City & State <b>Ft Myers FL</b>		City & State <b>Ft Myers FL</b>		4. FEI Number <b>20-2084494</b>	
Zip <b>33916</b>		Country <b>USA</b>		Zip <b>33907</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PYTANIA, JONATHAN M 222 HARBOR DRIVE STE 405 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>JONATHAN PYTANIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4071 Rainbow Dr</b> City <b>Ft Myers</b> <b>FL</b> Zip Code <b>33916</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 <span style="float: right;">DATE <b>1/10/06</b></span> <small>Signature, typed or printed name of registered agent and office, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>PYTANIA, JONATHAN M</b> <b>1615 BEECH DR NORTH</b> <b>PLAINFIELD, IN 46168</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Jonathan Pytania</b> <b>4071 Rainbow Dr</b> <b>Ft Myers, FL 33916</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:			DATE: <b>1/10/06</b> DAYTIME PHONE: <b>239.213.9806</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					