


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90021 009 ****50.00

DOCUMENT # L04000092296	
1. Entity Name HAMPTON MANOR OF SUNSHINE, LLC	

Principal Place of Business 3056 SW 41ST LANE OCALA, FL 34474 US	Mailing Address PO BOX 519 OCALA, FL 34478 US
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2. Principal Place of Business <i>Hampton Manor</i> Suite, Apt. #, etc. <i>1810 S.E 16th Ave</i> City & State <i>OCALA, FL</i> Zip <i>39471</i>	3. Mailing Address <i>Hampton Administrative</i> Suite, Apt. #, etc. <i>P.O. Box 76509</i> City & State <i>St. Petersburg, FL</i> Zip <i>33734</i>
Country <i>Maroon</i>	Country <i>pinel/19</i>

04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2371840	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAUFFMAN, JAY E 6526 CENTRAL AVENUE ST. PETERSBURG, FL 33707	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Jay Kauffman* (NOTE: Registered Agent signature required when reinstating) DATE *4-28-06*

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, PEDER L 7770 NW 56TH PLACE OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: *MGRM Pedr Johnson* 4-28-06 352-266-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayenne Phone #