

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019833

FILED  
Jul 11, 2006  
Secretary of State

Entity Name: SUNSHINE LAKE ESTATES, LLC

**Current Principal Place of Business:**

19145 GARDENIA AVE.  
WESTON, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

19145 GARDENIA AVE.  
WESTON, FL 33332

**New Mailing Address:**

FEI Number: 84-1671690      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JACOB, MAMMEN C DR.  
19145 GARDENIA AVE.  
WESTON, FL 33332      US

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: MATHAI, MARY N  
Address: 16 GARFIELD PLACE  
City-St-Zip: ALBANY, NY 12206 0.

Title: MGRM ( ) Delete  
Name: JACOB, BINU  
Address: 14001 SUMMERVILLE PLACE  
City-St-Zip: DAVIE, FL 33325

Title: MGRM ( ) Delete  
Name: CHACKO, SAMUEL  
Address: 14001 SUMMERVILLE PLACE  
City-St-Zip: DAVIE, FL 33325

Title: MGRM ( ) Delete  
Name: ALEX, NINAN  
Address: 19175 GARDENIA AVE.  
City-St-Zip: WESTON, FL 33332

Title: MGRM ( ) Delete  
Name: CHIRAMEL, THOMAS  
Address: 19145 GARDENIA AVE.  
City-St-Zip: WESTON, FL 33332

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY N. MATHAI

MGRM

07/11/2006

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