## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYP

## Mar 05, 2007 08:00 A Secretary of State **DOCUMENT # L05000020992** 1. Entity Name SUNSHINE INVESTMENT, LLC Principal Place of Business Mailing Address 5189 OLD GALLOWS WAY 5189 OLD GALLOWS WAY NAPLES, FL 34105 NAPLES, FL 34105 02282007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2383133 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINDMAYER, MONIKA DO NOT WRITE 5800 CYPRESS HOLLOW WAY NAPLES, FL 34109 IN THIS SPACE 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 agen) and trie if applicable. (NOTE: Registered Agent alignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE GENDREAU, JAMES NAME STREET ADDRESS 5189 OLD GALLOWS WAY U00000656086 03/14/07-80011-012 50.00 CITY-ST-ZIP NAPLES, FL 34105 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-7IP 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 receive of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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**FILED**