

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032849

FILED
Sep 09, 2006
Secretary of State

Entity Name: SUNSHINE CAPITAL FUNDS, LLC

Current Principal Place of Business:

3171 LEEWOOD TERRACE
L-232
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3171 LEEWOOD TERRACE
L-232
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-2619797 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:

MACIAS, DAVID E
3171 LEEWOOD TERRACE
L-232
BOCA RATON, FL 33431 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: CEO () Delete
Name: MACIAS, DAVID E
Address: 3171 LEEWOOD TERRACE, L-232
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: MACIAS, ISRAEL
Address: 156-47 75TH STREET
City-St-Zip: HOWARD BEACH, NY 11414

Title: MGRM () Delete
Name: MACIAS, IRENE
Address: 156-47 75TH STREET
City-St-Zip: HOWARD BEACH, NY 11414

Title: MGRM () Delete
Name: COLONNA, IVONNE M
Address: 163-28 86TH STREET
City-St-Zip: HOWARD BEACH, NY 11414

Title: MGRM () Delete
Name: COLONNA, JERRY
Address: 163-28 86TH STREET
City-St-Zip: HOWARD BEACH, NY 11414

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: MGRM () Change (X) Addition
Name: STENBORG, DERRA L
Address: 3171 LEEWOOD TERRACE, L-232
City-St-Zip: BOCA RATON, FL 33431

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: DAVID E. MACIAS

CEO

09/09/2006

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