

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032849

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** SUNSHINE CAPITAL FUNDS, LLC

**Current Principal Place of Business:**

3171 LEEWOOD TERRACE  
SUITE L-232  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

3171 LEEWOOD TERRACE  
SUITE 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)**

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

MACIAS, DAVID E  
3171 LEEWOOD TERRACE  
SUITE L-232  
BOCA RATON, FL 33431 US

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

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  
**Name:** MACIAS, DAVID E  
**Address:** 3171 LEEWOOD TERRACE, SUITE L-232  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** MGRM  
**Name:** MACIAS, ISRAEL  
**Address:** 3171 LEEWOOD TERRACE, SUITE L-232  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** MGRM  
**Name:** MACIAS, IRENE  
**Address:** 3171 LEEWOOD TERRACE, SUITE L-232  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** MGRM  
**Name:** COLONNA, IVONNE M  
**Address:** 2708 MORTON AVE.  
**City-St-Zip:** OCEANSIDE, NY 11572

**Title:** MGRM  
**Name:** COLONNA, JERRY  
**Address:** 2708 MORTON AVE.  
**City-St-Zip:** OCEANSIDE, NY 11572

I hereby 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

01/04/2010

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