

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054182

FILED
Mar 23, 2009
Secretary of State

Entity Name: SUNSHINE PROPERTIES LLC

Current Principal Place of Business:

2311 SANTA BARBARA BLVD
112
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

2311 SANTA BARBARA BLVD
112
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 03-0562419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACHER, GENE MGRM
2311 SANTA BARBARA BLVD
112
CAPE CORAL, FL 33991 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: MGRM () Delete
Name: BRACHER, GENE
Address: 2311 SANTA BARBARA BLVD # 112
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM () Delete
Name: HAASS, KLAUS
Address: 2311 SANTA BARBARA BLVD # 112
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM () Delete
Name: BRACHER, KENNETH
Address: 2311 SANTA BARBARA BLVD # 112
City-St-Zip: CAPE CORAL, FL 33991 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: GENE BRACHER

RA

03/23/2009

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