


04-30-2007 90042 027 *****50.00

DOCUMENT # L05000056074 1. Entity Name SONSHINE INVESTMENTS LLC		Secretary of State 04-30-2007 90042 027 ****50.00																																									
Principal Place of Business 18600 SW 204 STREET MIAMI, FL 33187		Mailing Address 18600 SW 204 STREET MIAMI, FL 33187																																									
DO NOT WRITE IN THIS SPACE		 04042007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2986964 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																									
6. Name and Address of Current Registered Agent DOKIC, MAGDALENA 18600 SW 204 STREET MIAMI, FL 33187		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Filing Fee is \$50.00 Due by May 1, 2007																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>DOKIC, MAGDALENA</td></tr><tr><td>STREET ADDRESS</td><td>18600 SW 204 STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33187</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>PEREZ, ROBERTO</td></tr><tr><td>STREET ADDRESS</td><td>18600 SW 204 STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33187</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	DOKIC, MAGDALENA	STREET ADDRESS	18600 SW 204 STREET	CITY- ST- ZIP	MIAMI, FL 33187	TITLE	MGRM	NAME	PEREZ, ROBERTO	STREET ADDRESS	18600 SW 204 STREET	CITY- ST- ZIP	MIAMI, FL 33187	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Magdalena Dokic</u> MAGDALENA DOKIC <u>4/25/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																											