2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# L05000059995

Entity Name: PHILCO SUNSHINE PARTNERS LLC

Current Principal Place of Business:

C/O PHILCO LLC
960 MADISON AVENUE, SUITE 3W
NEW YORK, NY 10021

New Principal Place of Business:

Current Mailing Address:

C/O PHILCO LLC
960 MADISON AVENUE, SUITE 3W
NEW YORK, NY 10021

New Mailing Address:

FEI Number: 11-3752316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: PHILCO LLC,
Address: 960 MADISON AVENUE, SUITE 3W
City-St-Zip: NEW YORK, NY 10021

Title: MGRM ( ) Delete
Name: COLLETTI, CHARLES
Address: 3 RIVERVIEW TERRACE
City-St-Zip: SMITHTOWN, NY 11787

Title: MGRM ( ) Delete
Name: COLLETTI, MARLA
Address: 3 RIVERVIEW TERRACE
City-St-Zip: SMITHTOWN, NY 11787

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 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: KENNETH A. PHILBIN, MEMBER OF PHILCO LLC MR. 01/03/2006

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