

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

8/30/2006-90034-005-\$50.00-\$50.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:15

DOCUMENT # L05000068283



1. Entity Name  
SUNSHINE HOMES OF ALACHUA LLC

Principal Place of Business  
15538 NW 268 TERR.  
HIGH SPRINGS, FL 32643

Mailing Address

4826 SW 190 ST  
ARCHER, FL 34218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08222006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WULFF, RICHARD D  
4826 SW 190 ST  
ARCHER, FL 34218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

*R. Wulff*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

8/23/06

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WULFF, RICHARD D 4826 SW 190 ST ARCHER, FL 34218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R. Wulff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/23/06

Date

Daytime Phone #