


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90034 041 \*\*\*\*50.00

<b>DOCUMENT # L05000068853</b>	
1. Entity Name <b>SUNSHINE LAND EXCHANGE, LLC</b>	

Principal Place of Business <b>2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055</b>	Mailing Address <b>2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055</b>
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60032010



2. Principal Place of Business - No P.O. Box # <b>164 NW MADISON ST</b>	3. Mailing Address <b>PO Box 3659</b>
Suite, Apt. #, etc. <b>SUITE 102</b>	Suite, Apt. #, etc.
City & State <b>LAKE CITY FL</b>	City & State <b>LAKE CITY FL</b>
Zip <b>32055</b>	Country <b>USA</b>

03312007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3164218</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CRAPPS, DANIEL 2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>164 NW MADISON ST</b>
Suite, Apt. #, etc.	<b>SUITE 102</b>
City	<b>LAKE CITY FL</b>
Zip Code	<b>32055</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAPPS, DANIEL <b>PO Box 3659</b> <b>2806 US HIGHWAY 90 WEST, SUITE 101</b> <b>LAKE CITY, FL 32055-32056</b>	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
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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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:**  **DANIEL CRAPPS MANAGER** **3/31/07** **386-755-5110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #