


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90041 040 \*\*\*138.75

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

Principal Place of Business <b>164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055 US</b>	Mailing Address <b>PO BOX 3659 LAKE CITY, FL 32056 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2806 W US90</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 101</b>	Suite, Apt. #, etc.
City & State <b>LAKE CITY FL</b>	City & State
Zip <b>32055</b>	Country <b>USA</b>

**60039311**



04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3164218</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>CRAPPS, DANIEL 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2806 W US90</b> <b>SUITE 101</b> City <b>LAKE CITY</b> FL Zip Code <b>32055</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAPPS, DANIEL PO BOX 3659 LAKE CITY, FL 32056 <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** **4/30/08** **386-755-5110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #