## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000074365**

1. Entity Name GENGIR-CRAYTON, LLC



FILED Mar 05, 2007 08:00 A Secretary of State

Principal Place of Business

5189 OLD GALLOWS WAY NAPLES, FL 34105 US Mailing Address

5189 OLD GALLOWS WAY NAPLES, FL 34105 U



DO NOT WRITE IN THIS SPACE

02282007No Chg-LLC CR2E083 (11/05)

Applied For

4. FEI Number 25-1922278

5. Certificate of Status Desired

Not Applicable
\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

LINDMAYER, MONIKA 5800 CYPRESS HOLLOW WAY NAPLES, FL 34109

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chairons of registered agent.	anging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
D	lling Fee Is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE .	MGR		
NAME	SUNSHINE MANAGEMENT, LLC		
STREET ADDRESS	5189 OLD GALLOWS WAY		
CITY-ST-ZIP	NAPLES, FL 34105		U00000656083
TITLE			03/14/07-80011-011 50.00
NAME			

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL OF CONTROL

James Gendreau

2128/07

293-8499

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Daytime Phone #