


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L05000074813</b> 1. Entity Name CRAYTON SUNSINE, LLC	
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Principal Place of Business 5189 OLD GALLOWS WAY NAPLES, FL 34105 US	Mailing Address 5189 OLD GALLOWS WAY NAPLES, FL 34105 US
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02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 25-1922282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LINDMAYER, MONIKA 5800 CYPRESS HOLLOW WAY NAPLES, FL 34109
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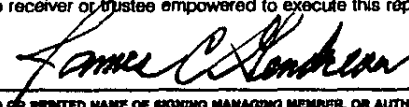
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNSHINE MANAGEMENT, LLC 5189 OLD GALLOWS WAY NAPLES, FL 34105
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<p>1100000656081 03/14/07-80011-010 50.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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.		
<b>SIGNATURE:</b>  James Gendreau 2-28-07 293-8499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small> 2-28-07	<small>Daytime Phone #</small> (239) 293-8499