2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L05000089680 FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Name VENICE SUNSHINE, LLC				02-10-2006 90168 048 ****50.00
Principal Place of Business 417 OCEAN BOULEVARD ATLANTIC BEACH FL 32233		Mailing Address 417 OCEAN BOULEVARI ATLANTIC BEACH FL 32	D 2233	•
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State		4. FEI Number 20 - 3450972 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
MILO, STEPHAN E 417 OCEAN BOULEVARD ATLANTIC BEACH FL			Street Addres	s (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 Signature: typind on pressed name of registerion injunction and start intolessole (NOTE Registerion Agent Ergistrium registed when trenstaurit) CATE				
FILE NOW!!! FEE IS \$50:00 Make Check Payable to Florida Department of State. Due By May 1, 2006				
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES
THE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILO, STEPHAN E 417 OCEAN BOULEVARD ATLANTIC BEACH FL 32233	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET AODRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addikion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-S1-ZIP		□ Defete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add:tion
11. I hereby certify that the information supplied with his Ning does not qualify for the exemptions contained in Section 1.19. 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 tudstee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: 1/29/06 9M-707-1477				