

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90229 036 \*\*\*\*50.00

**DOCUMENT # L05000098336**

1. Entity Name

SUNSHINE FUNDING LLC



Principal Place of Business

2311 OASIS DRIVE  
LAND O'LAKES FL 34639  
US

Mailing Address

2311 OASIS DRIVE  
LAND O'LAKES FL 34639  
US



2. Principal Place of Business

REAL ESTATE Aquisition

3. Mailing Address

2311 OASIS DRIVE

Suite, Apt. #, etc.

2311 OASIS DRIVE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

LAND O'LAKES

City & State

LAND O'LAKES

4. FEI Number

22-39194 81

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHALLEN, STEVEN  
2311 OASIS DRIVE  
LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

Name STEVEN A. Whallen

Street Address (P.O. Box Number is Not Acceptable)

2311 OASIS DRIVE

City

LAND O'LAKES

FL

Zip Code

34639

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

Steven A. Whallen

2-13-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WHALLEN, STEVEN  
STREET ADDRESS 2311 OASIS DRIVE  
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE MGRM ☐ Delete  
NAME WHALLEN, MARY ANN  
STREET ADDRESS 2311 OASIS DRIVE  
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steven A. Whallen

Steven A. Whallen

MARY ANN WHALLEN

Mary Ann Whallen

2-13-06

813-948-4176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #