

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000098336

1. Entity Name  
SUNSHINE FUNDING LLC



Principal Place of Business  
REAL ESTATE ACQUISITION  
2311 OASIS DRIVE  
LAND O'LAKES, FL 34639 US

Mailing Address  
2311 OASIS DRIVE  
LAND O'LAKES, FL 34639 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Aug 25, 2008 8:00 am  
Secretary of State**

08-25-2008 90093 029 \*\*\*138.75



07102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 22-3919981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Steve A. Whallen*

8-20-08

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

Date

Daytime Phone #