2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

03-16-2006 90030 010 ****50.00

1. Entity Name	MENT #L050001001 NSHINE LLC		03-16-2006 90030 010 ****50.00						
Principal Place	e of Business OLLWOOD VILLAGE RUN	Mailing Address 13014 N DALE MABRY HWY		I					
TAMPA, FL 33618		SUITE 356 Tampa, FL 33618			1 18 8 11 6 1	n arius riis ausii cais di	iri atnı sanı ı	I E I E I I E I I E I I E I I E I I E I E I E I E I E I E I E I E I E I E I E I E I E I E I E I E I E I E I E	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc			03102006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State			4. FEI Numi	-36080	36		plied For LApplicable
Zıp	Country	Country Zip Co		ıtry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current R	7. Name and Address of New Registered Agent Name							
FAIRBANKS, GARY A									
13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618				Street Address (P.O. Box Number is Not Acceptable)					
				City			FI	Zip Code	
8 The above	named entity submits this statement for								
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 ar	rd title d applicable (NO)	TF Registers	d Agent signature require	ed when remittating		DATE		
<u> </u>	Signature, types at printed reting a registered against	l	re megiatore				-		
Fi Di	ling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State				
9.	9. MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES				
TITLE	MGR FAIRBANKS, GARY A	☐ Delete	THIL	l l				Change	Addition
NAME STREET ADDRESS	13907 CARROLLWOOD VILLAGE	RUN	NAN STR	EET ADDRESS					
CITY ST-ZIP	TAMPA, FL 33618		CITY	ST-ZIP					
TITLE	MGR	☐ Delete	TOL	l l				☐ Change	Addition
NAME STREET ADDRESS	RAPPAPORT, ALEXANDËR G NA 13907 CARROLLWOOD VÎLLAGE RUN SII			AE EET ADDRESS					
CITY - ST - ZIP									
TITLE	MGR Delete TIT			É				☐ Change	Addition
NAME	SCHWENCKE, KIM M								
STREET ADDRESS CITY-ST-ZIP									
TITLE	7,11,7,7,7,2 353,10	Delete	TITE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			NAM	· I				LL p-	_
STREET ADDRESS				EET ADDRESS					
CITY ST-ZIP				r-S1-ZIP				Change	Addition
NAME		☐ Delete	JTIT AAN					Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-S1-ZIP			cin	r-ST-ZIP			···		
TITLE		☐ Delete	TITE	1				☐ Change	Addition
NAME STHEET ADDRESS			NAM STR	ae Eet address					
CITY ST ZIP				Y-ST-ZIP					
11. Thereby	certify that the information supplied with	this filing does not qualify f	or the ex	emptions containe	d in Chapter 11	9, Florida Statutes 1	further cert	ufy that the info	ormation
indicated limited lia	on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute this	e the sam s report a	ne legal effect as if is required by Cha	made under oa apter 608, Florid	th; that I am a mana a Statutes.	aging mem	ber or manage	er of the