## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000110896

1. Entity Name

J & J SUNSHINE PROPERTIES LLC



FILED
Feb 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

1007 GULF DRIVE, NORTH

UNIT 109

BRADENTON BEACH, FL 34217

Malling Address

1007 GULF DRIVE, NORTH

**UNIT 109** 

BRADENTON BEACH, FL 34217



01202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3827752

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SLATER, CHARLES L 1007 GULF DRIVE, NORTH UNIT 109 BRADENTON BEACH, FL 34217

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|   | named entity submits this statement for the purpose of char<br>tions of registered agent. | nging its registered office or registered agent, or b        | oth, in the State of Florida. I am familiar with, and accept              |  |
|---|---|--|---|--|
| SIGNATURE.  |   |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. |   | (NOTE: Registered Agent eignature required when reinstating) | DATE  |  |
| F   | lling Fee is \$50.00<br>ue by May 1, 2007   |  |   |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM SLATER, CHARLES L 1007 GULF DRIVE, NORTH BRADENTON BEACH, FL 34217                   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM TITSWORTH, STEVE 5313 SUNRISE LANE HOLMES BEACH, FL 34217                            |  | U00000624956<br>02/14/07-80056-008 50.00<br>DO NOT WRITE<br>IN THIS SPACE |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | DO   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | IN   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   |  |

11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this jepont as required by Chapter 608, Florida Statutes.

SIGNATURE: X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

X

Davtime Phone il

17 mg by / CPA 1-24-0