2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 24, 2008 8:00 am Secretary of State 03-24-2008 90239 014 ***138.75 **DOCUMENT # L05000110896** J & J SUNSHINE PROPERTIES LLC Principal Place of Business Mailing Address 60016837 1007 GULF DRIVE, NORTH 1007 GULF DRIVE, NORTH **UNIT 109 UNIT 109** BRADENTON BEACH, FL 34217 BRADENTON BEACH, FL 34217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 522 BAYVIEW DRIVE 522 BAYVIEW DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc 03032008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number HOLMES BEACH, FL HOLMES BEACH, FL 20-3827752 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 34217 USA 34217 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLATER, CHARLES L. SLATER, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 522 BAYVIEW DRIVE 1007 GULF DRIVE, NORTH **UNIT 109** BRADENTON BEACH, FL 34217 Zip Code 34217 City HOLMES BEACH, 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 ill applicable. Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITI F MGRM XI Change ☐ Addition SLATER, CHARLES L. 522 BAYVIEW DRIVE SLATER, CHARLES L NAME NAME STREET ADDRESS 1007 GULF DRIVE, NORTH STREET ADDRESS BRADENTON BEACH, FL 34217 CITY-ST-ZIP CITY - ST - ZIP HOLMES BEACH, FL 34217 MGRM TITLE ☐ Delete TITLE ☐ Change Addition TITSWORTH, STEVE NAME NAME STREET ADDRESS 5313 SUNRISE LANE STREET ADDRESS HOLMES BEACH, FL 34217 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

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

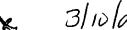
Delete

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



Davtime Phone #

☐ Change

☐ Addition

FILED