

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90239 014 ***138.75

DOCUMENT # L05000110896	
1. Entity Name J & J SUNSHINE PROPERTIES LLC	



Principal Place of Business 1007 GULF DRIVE, NORTH UNIT 109 BRADENTON BEACH, FL 34217	Mailing Address 1007 GULF DRIVE, NORTH UNIT 109 BRADENTON BEACH, FL 34217
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60016837

2. Principal Place of Business - No P.O. Box # 522 BAYVIEW DRIVE	3. Mailing Address 522 BAYVIEW DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03032008 Chg-LLC CR2E083 (12/06)

City & State HOLMES BEACH, FL	City & State HOLMES BEACH, FL
Zip 34217	Country USA

4. FEI Number 20-3827752	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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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7. Name and Address of New Registered Agent	
Name SLATER, CHARLES L.	
Street Address (P.O. Box Number is Not Acceptable) 522 BAYVIEW DRIVE	
City HOLMES BEACH, FL	Zip Code 34217

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATER, CHARLES L 1007 GULF DRIVE, NORTH BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATER, CHARLES L. 522 BAYVIEW DRIVE HOLMES BEACH, FL 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TITSWORTH, STEVE 5313 SUNRISE LANE HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles L. Slater Date 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE