

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111002

FILED  
Jul 21, 2006  
Secretary of State

Entity Name: SUNSHINE PROPERTY CONSULTING, LLC

**Current Principal Place of Business:**

1109 PINELLAS BAY WAY  
#308  
ST. PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

1109 PINELLAS BAY WAY  
#308  
ST. PETERSBURG, FL 33715 US

**New Mailing Address:**

FEI Number: 51-0560275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WELCH, ROBERT T  
1109 PINELLAS BAY WAY  
#308  
ST. PETERSBURG, FL 33715 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELCH, ROBERT T  
Address: 1109 PINELLAS BAY WAY #308  
City-St-Zip: ST. PETERSBURG, FL 33715 US

Title: MGRM ( ) Delete  
Name: WELCH, GAYLE  
Address: 1109 PINELLAS BAY WAY #308  
City-St-Zip: ST. PETERSBURG, FL 33715 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT T. WELCH

MGRM

07/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date