

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90007 006 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                              |                                                                                                                                                                                        |                                                                                   |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>DOCUMENT # L05000118796</b><br>1. Entity Name<br><b>SONSHINE PROPERTIES III LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                              |                                                                                                                                                                                        |  |                                                       |
| Principal Place of Business<br><b>22 HILTON ROAD<br/>DRYDEN, NY 13053</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                              | Mailing Address<br><b>22 HILTON ROAD<br/>DRYDEN, NY 13053</b>                                                                                                                          |                                                                                   |                                                       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      | 3. Mailing Address                                           |                                                                                                                                                                                        |                                                                                   |                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | Suite, Apt. #, etc.                                          |                                                                                                                                                                                        |                                                                                   |                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | City & State                                                 |                                                                                                                                                                                        |                                                                                   |                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                              | Zip                                                          | Country                                                                                                                                                                                |                                                                                   |                                                       |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                              | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                   |                                                       |
| <b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |                                                       |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                       |                                                                                                      |                                                              |                                                                                                                                                                                        |                                                                                   |                                                       |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                                                                        |                                                                                   |                                                       |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                              | 10. ADDITIONS/CHANGES                                                                                                                                                                  |                                                                                   |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>LAFIAN, JOHN<br/>22 HILTON ROAD<br/>DRYDEN, NY 13053</b> <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                      |                                                              |                                                                                                                                                                                        |                                                                                   |                                                       |
| <b>SIGNATURE:</b> <i>John Lafian</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                              | <b>3-8-06</b><br><small>Date</small>                                                                                                                                                   |                                                                                   | <b>607-745-0008</b><br><small>Daytime Phone #</small> |

**JOHN LAFIAN**