2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

		741414-0742	1121 0111					<i>J</i> -			
DOCUMENT # L05000119168 1. Entity Name SUNSHINE STATE TECHNOLOGIES, LLC							04-17-2006 90040 002 ****50.00				
Principal Place	e of Business		Mailing Address		_	20030799					
3201 SE 1ST CAPE CORAL,	COURT		3201 SE 1ST COURT CAPE CORAL, FL 3390)4							
2. Principal Place of Business 11595 Kelly RD			3. Mailing Address 11595 Kell RD								
Suite, Apt. #, etc. Ste 122 City & State			Suite, Apt. #, etc. Ste 122 _Gity & State			04112006 4. FEI Numb	Chg-LLC	CR2E083 (1		plied For	
	hers F	71	Ft. Myers	FI			4 ^เ 788		-	t Applicable	
33908)	Country	33908	Coun	•		of Status Desired		00 Add Required		
	6. Name	and Address of Current I	Registered Agent			7. Name an	d Address of New Re	gistered Agen			
האערפר ו	CDANK ID	,			Name						
PAVESE, FRANK JR. 4635 S. DEL PRADO BLVD. Street Ar						ss (P.O. Box Number is Not Acceptable)					
CAPE CO	RAL, FL 3										
	4.										
					City			FL ²	ip Code)	
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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed o	or printed name of registered agent a	and title if applicable (NO)	E: Hagistare	O Agent signature req	uired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006								check payat Department (•	
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	,		
TITLE	MGR		☐ Delete	TITL					Change	■ Addition	
NAME OTREST ADDRESS		WILLIAM J		NAM	EET ADDRESS						
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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: Which John Managing Member, Janager, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone &