


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90078 024 ****50.00

DOCUMENT # L06000039154 1. Entity Name SUNSHINE DRAFTING & DESIGN, LLC																																	
Principal Place of Business 4449 MIDDLEBURG COURT ORLANDO, FL 32818			Mailing Address 4449 MIDDLEBURG COURT ORLANDO, FL 32818																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 43-2103002																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent GARCIA, SERGIO C FILHO 4449 MIDDLEBURG CT ORLANDO, FL 32818				7. Name and Address of New Registered Agent Name GARCIA, SERGIO C. Street Address (P.O. Box Number is Not Acceptable) 4449 MIDDLEBURG CT City ORLANDO FL Zip Code 32818																													
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 <i>Sergio Conde Garcia</i> (NOTE: Registered Agent signature required when reinstating) DATE																																	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td style="height: 40px; vertical-align: top;"> MBRM GARCIA, SERGIO C. 4449 MIDDLEBURG CT ORLANDO, FL 32818 </td> <td></td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MBRM GARCIA, SERGIO C. 4449 MIDDLEBURG CT ORLANDO, FL 32818											
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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: <i>Sergio Conde Garcia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	
				<small>Date</small>																													
				<small>Daytime Phone #</small>																													