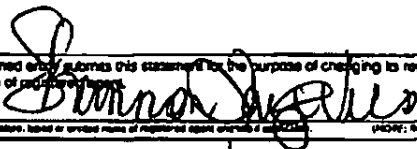
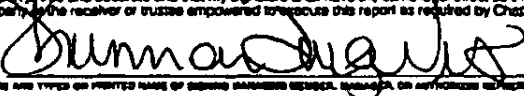


FILED
Apr 09, 2007 8:00 am
Secretary of State

01-29-2007 90141 014 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000043496			
1. Entity Name SUNSHINE STABLES, L.L.C.			
Principal Place of Business 3619 SALLY PARRISH TRAIL VALRICO, FL 33594		Mailing Address 3619 SALLY PARRISH TRAIL VALRICO, FL 33594	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent WILLIS, SHANNON T 3619 SALLY PARRISH TRAIL VALRICO, FL 33594		6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 		1-24-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR WILLIS, SHANNON T 3619 SALLY PARRISH TRAIL VALRICO, FL 33594			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 prepare this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		1/24/07 83624-5308	