


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90063 006 ***138.75

DOCUMENT # L06000043780	
1. Entity Name SUNSHINE PROPERTIES 2, LLC	

Principal Place of Business 3485 N. MOORINGS WAY COCONUT GROVE, FL 33133	Mailing Address 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3485 N. Moorings Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Coconut Grove, FL	
Zip	Country	Zip 33133	Country USA



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Eddie Rodriguez Studio, Inc. Street Address (P.O. Box Number is Not Acceptable) 3485 N. Moorings Way City Coconut Grove FL Zip Code 33133	
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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  DATE **2.8.08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, EDUARDO 3485 N MOORINGS WAY COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **2.8.08** DAYTIME PHONE # **305 460 9925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE