

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068049

FILED
Apr 24, 2008
Secretary of State

Entity Name: SUNSHINE RENTAL PROPERTIES LLC

Current Principal Place of Business:

5049 SHOREWAY LOOP #102
ORLANDO, FL 32819

New Principal Place of Business:

5049 SHOREWAY LOOP
#102
ORLANDO, FL 32819

Current Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY
#308
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 51-0593610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSADA, RODRIGO
6991 WEST BROWARD BLVD.
SUITE 104
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALOW, NICOLE D
Address: 2880B CLUB CORTILE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: PALOW, JAMES A
Address: 5326 LEMON TWIST LANE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: PALOW, IRENE
Address: 13750 BLUEBIRD POND ROAD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES PALOW

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date