

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90014 021 ***138.75

DOCUMENT # L06000071552	
1. Entity Name SUNSHINE HOME CAPITAL, LLC	

Principal Place of Business P.O. BOX 427 BOCA RATON, FL 33429-0427 US	Mailing Address P.O. BOX 427 BOCA RATON, FL 33429-0427 US
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2. Principal Place of Business, No P.O. Box # 2051 SE 3RD ST.	3. Mailing Address 2051 SE 3RD ST.
Suite, Apt. #, etc. Suite # 13	Suite, Apt. #, etc. Suite # 13

City & State Deerfield Beach, FL	City & State Deerfield Beach, FL
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Zip 33441	Country US	Zip 33441	Country US
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6. Name and Address of Current Registered Agent SOKOLOFF INVESTMENTS, LLC 2051 SE 3RD ST. SUITE 13 DEERFIELD BEACH, FL 33441	
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60037330



04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5226359	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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7. 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 <i>Lorne M. Sokoloff</i>	DATE <i>4/18/08</i>

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	MGRM SOKOLOFF INVESTMENTS, LLC ☐ Delete PO BOX 427 BOCA RATON, FL 33429	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Sokoloff Investments, LLC ☒ Change ☐ Addition 2051 SE 3 rd St. # 13 Deerfield Beach, FL 33441
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GRAND PALM REEF, LLC ☐ Delete PO BOX 427 BOCA RATON, FL 33429	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Grand Palm Reef, LLC ☒ Change ☐ Addition 102 NE 2 nd St # 405 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE: <i>Lorne M. Sokoloff</i>	<i>Lorne M. Sokoloff</i>	<i>4/18/08</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		