


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90369 001 ****50.00

DOCUMENT # L06000074514 1. Entity Name SUNSHINE ENTERTAINMENT HOLDINGS, LLC					
Principal Place of Business 700 TUSKAWILLA STREET CLEARWATER, FL 33756			Mailing Address 700 TUSKAWILLA STREET CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box # 135 TERRY DRIVE		3. Mailing Address 135 TERRY DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA, FLORIDA		City & State PENSACOLA, FLORIDA		4. FEI Number 20-5921662	
Zip 32503		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUARDT, J. MATTHEW 625 COURT STREET, STE 625 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name K.L. McCAFFREY Street Address (P.O. Box Number is Not Acceptable) 6028 CHANDELLE CIRCLE City PENSACOLA FL Zip Code 32507			
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 <u><i>K.L. McCaffrey</i></u> K.L. McCAFFREY 2-8-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGR NOELL, ROBERT E JR 700 TUSKAWILLA STREET CLEARWATER, FL 33756 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u><i>K.L. McCaffrey</i></u> K.L. McCAFFREY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2-8-07 <small>Date</small>		850/464-9440 <small>Daytime Phone #</small>