2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077209

Entity Name: SUNSHINE BROMELIADS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
14601 OLD SHERIDAN ST. SOUTHWEST RANCHES, FL 33330	

Current Mailing Address:	**New Mailing Address:**
14601 OLD SHERIDAN ST SOUTHWEST RANCHES, FL 33330	

FEI Number: 20-5350620   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RODRIGUEZ, ROLANDO 14601 OLD SHERIDAN ST. SOUTHWEST RANCHES, FL 33330 US	RODRIGUEZ, JORGE 14601 OLD SHERIDAN ST. SOUTHWEST RANCHES, FL 33330 US

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: JORGE RODRIGUEZ   04/22/2008
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR	( ) Delete	Title:	MGR	(X) Change ( ) Addition
Name:	RODRIGUEZ, ROLANDO		Name:	RODRIGUEZ, JORGE	
Address:	14601 OLD SHERIDAN ST.		Address:	14601 OLD SHERIDAN ST.	
City-St-Zip:	SOUTHWEST RANCHES, FL 33330		City-St-Zip:	SOUTHWEST RANCHES, FL 33330	

Title:	MGR	(X) Delete	Title:		( ) Change ( ) Addition
Name:	RODRIGUEZ, JORGE		Name:		
Address:	14601 OLD SHERIDAN ST.		Address:		
City-St-Zip:	SOUTHWEST RANCHES, FL 33330		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: JORGE RODRIGUEZ   MGRM   04/22/2008
           Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date