


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90179 049 ****55.00

DOCUMENT # L06000092008	
1. Entity Name SUNSHINE HOME EQUITY, LLC	

Principal Place of Business 1528 SW 6TH TERRACE BOCA RATON, FL 33486 US	Mailing Address 1241 LINDEN VUE DRIVE CANONSBURG, PA 15317 US
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60035352



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1528 SW 6th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State BOCA RATON, FL
Zip	Zip 33486
Country	Country USA

04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5590872	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**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 MGR NAME WHOOOLERY, LEWIS C STREET ADDRESS 1241 LINDEN VUE DRIVE CITY-ST-ZIP CANONSBURG, PA 15317	<input type="checkbox"/> Delete	TITLE MGR. NAME WHOOOLERY, LEWIS C. STREET ADDRESS 1528 SW 6 TERR. CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DIR. OF OPS. / MGR M. NAME EMILY R. WHOOOLERY STREET ADDRESS 1528 SW 6 TERR. CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" 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
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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 9, 2007 561-400-3854