

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90063 007 \*\*\*138.75

**DOCUMENT # L06000094608**

1. Entity Name  
**SUNSHINE PROPERTIES 3, LLC**



Principal Place of Business  
**701 BRICKELL AVE. SUITE 3000  
MIAMI, FL 33131**

Mailing Address  
**701 BRICKELL AVE. SUITE 3000  
MIAMI, FL 33131**

**60007844**



2. Principal Place of Business - No P.O. Box #  
**3485 N. Moorings Way**

3. Mailing Address  
**3485 N. Moorings Way**

01112008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Coconut Grove, FL**

City & State  
**Coconut Grove, FL**

4. FEI Number  
**26-5475785**

Applied For  
Not Applicable

Zip  
**33133** Country  
**USA**

Zip  
**33133** Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**Eddie Rodriguez Studio, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**3485 N. Moorings Way**

City  
**Coconut Grove** **FL** Zip Code  
**33133**

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

**2-8-08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
RODRIGUEZ, EDUARDO  
3485 N MOORINGS WAY  
COCONUT GROVE, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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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.

**SIGNATURE:**

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

**2-8-08 2054609925**

Date

Daytime Phone #