

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113301

Entity Name: SUNSHINE GOLF, LLC

FILED  
Jul 27, 2007  
Secretary of State

**Current Principal Place of Business:**

1140 LITTLE NECK COURT, D-#31  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1140 LITTLE NECK COURT, D-#31  
NAPLES, FL 34102

**New Mailing Address:**

1035 N. COLLIER BLVD  
SUITE 312  
MARCO ISLAND, FL 34145

FEI Number: 20-8209381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DENTI, KEVIN A ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

SCOLA, MARC  
1035 N. COLLIER BLVD  
SUITE 312  
MARCO ISLAND, FL 34145 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: MARC SCOLA

07/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MATHEWS, BARRY  
Address: 1140 LITTLE NECK COURT, D-#31  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: BARRY MATHEWS

PRES

07/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date