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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000022026			
1. Entity Name ALACHUA SUNSHINE PROPERTIES, LLC			
Principal Place of Business 4511 N.E. COUNTY RD. 219 A MELROSE, FL 32666		Mailing Address P O BOX 216 MELROSE, FL 32666 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SIMMONS, JOHN W 4511 N. E. COUNTY ROAD 219 A MELROSE, FL 32666		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>(Signature, typed or printed name of registered agent, and date of authentication)</small> <small>(NOT: Registered Agent Signature required when registering)</small> 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, MARY ANN 4511 N. E. COUNTY RD 219 A MELROSE, FL 32666 <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	MGRM SIMMONS, JOHN W 4511 N. E. COUNTY RD. 219 A MELROSE, FL 32666 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date: _____			

FILED

08 JUL -8 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8578235 ☐ Applied For ☐ Not Applicable

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

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JANET S. BALDWIN, P.A.
CERTIFIED PUBLIC ACCOUNTANT

P.O. BOX 728
LAKE ALFRED, FL 33850-0728

TELEPHONE (863) 956-3129
FAX (863) 956-4503

Member
Florida Institute Of
Certified Public Accountants

July 2, 2008

Division of Corporations
Registration Section
Attn: Nanette Causseaux
P.O. Box 6327
Tallahassee, FL 32314

Re: Alachua Sunshine Properties, LLC
L07000022026
Bradford Sunshine Properties, LLC
L07000022045
Clay Sunshine Properties, LLC
L07000022035
Orange Sunshine Properties, LLC
L07000022069
Putnam Sunshine Properties, LLC
L07000022055

Dear Ms. Causseaux

On January 22, 2008, Mary Ann Simmons, member in charge (MIC), started chemo treatments for breast cancer. Unfortunately, she has spent these last six months in and out of the hospital.

Our firm was able to prepare the Annual Reports for the five LLC's in proper time. The MIC received the LLC's from our office, signed, put a check with each of them, and mailed all these reports on time.

Yesterday the MIC received a postcard on all five LLC's, intent to dissolve. After talking with your office today, we were informed that Bradford Sunshine Properties LLC was sent a letter explaining the missing federal ID# on April 21, 2008. The MIC swears she never received this letter or any letter on any of the LLC's. She also recognizes that due to her hospital stays and chemo treatments that she was not the only one getting the mail.

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The MIC is not sure of the letter delivery but knows that she has not seen them and was totally unaware of the situation until she received the postcards yesterday.

We are mailing you this envelope with the federal ID# on each report and a copy of the check for \$138.75. We are requesting of you to abate any late filing penalties to these LLC's due to the MIC's inability to deal timely with the missing information.

We thank you for your kind resolve of this matter.

Sincerely,

A handwritten signature in cursive script that reads "Janet S. Baldwin, CPA". The signature is fluid and written in dark ink.

Janet S. Baldwin
Certified Public Accountant

Enclosure