


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90039 032 \*\*\*138.75

<b>DOCUMENT # L07000043776</b>	
1. Entity Name <b>SUNSHINE KW, LLC</b>	

Principal Place of Business <b>801 EATON ST. KEY WEST FL 33040 US</b>	Mailing Address <b>500 TRUMAN AVE. KEY WEST FL 33040 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1910 N. ROOSEVELT BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>KEY WEST, FL</b>	
Zip	Country	Zip	Country
<b>33040</b>	<b>USA</b>	<b>33040</b>	<b>USA</b>

1st MOORE CR2E083 (10/07)

4. FEI Number <b>11-3810648</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>KELLEY, ALBERT L 926 TRUMAN AVE. KEY WEST FL 33040</b>		7. Name and Address of New Registered Agent
		Name <b>HOLLY BRYANT</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>1910 N. ROOSEVELT BLVD.</b>
		City <b>KEY WEST FL</b>
		Zip Code <b>33040</b>

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 \* *Holly Bryant* (NOTE: Registered agent signature required when retitling) 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	MGR BRYANT, HOLLY R 801 EATON ST. KEY WEST FL 33040 <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	MGR MICLETTE, MARC 801 EATON ST. KEY WEST FL 33040 <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
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 Section 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: \* *Holly Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE