2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 23, 2009
Secretary of State

DOCUMENT# L07000075235

Entity Name: RBP SUNSHINE PARTNERS, LLC

Current Principal Place of Business:

155 CRANES ROOST BLVD
SUITE 1210
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

155 CRANES ROOST BLVD
SUITE 1210
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 26-0594278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHONG, PAUL J
155 CRANES ROOST BLVD
SUITE 1210
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CHONG, PAUL J	
Address:	6 HUGHES ROAD	
City-St-Zip:	BRIDGEWATER, NJ 08807	
Title:	MGRM	( ) Delete
Name:	DUMONT, DANIEL R	
Address:	1169 CHARMING ST	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	(X) Delete
Name:	PESTER, MARC	
Address:	278 DALE DRIVE	
City-St-Zip:	SHORT HILLS, NJ 07078	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAN DUMONT MGRM 12/23/2009

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