

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90129 047 ****50.00

DOCUMENT # L94000000068

1. Entity Name
SUNSHINE GROVE SERVICES, L.C.



Principal Place of Business

**1401 PINE ISLAND RD
KISSIMMEE, FL 34744**

Mailing Address

**P.O. BOX 420521
KISSIMMEE, FL 34742-0521**

20007854



01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0480923	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HAND, RONALD M
921 WEST EMMETT STREET
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALTER, MEDLIN 5400 HATCHIENHA RD. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRIGON ASSET MANAGEMENT CORP 921 WEST EMMETT STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2-1-06

Date

Daytime Phone # _____