


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L94000000068 1. Entity Name SUNSHINE GROVE SERVICES, L.C.	
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Principal Place of Business 1401 PINE ISLAND RD KISSIMMEE, FL 34744	Mailing Address P.O. BOX 420521 KISSIMMEE, FL 34742-0521
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DO NOT WRITE IN THIS SPACE



01302007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0480923	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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

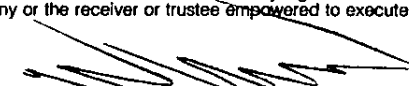
**Filing Fee is \$50.00
Due by May 1, 2007**

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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05/01/07-80039-012 50.00

**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:  **2/15/07 407-847-5044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #