


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90355 019 ****50.00

DOCUMENT # L95000000381 1. Entity Name FUN SHINE LIMITED COMPANY			
Principal Place of Business 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND, FL 33957		Mailing Address 6666 ESTERO BLVD 411B SANDARAC FORT MYERS BEACH, FL 33931	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address 6666 ESTERO BLVD Suite, Apt. #, etc. 411B SANDARAC City & State FORT MYERS BEACH Zip 33931	
		03092007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 65-0653270	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, SHEILA 6666 ESTERO BLVD. 411B SANDARAC FORT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name PATRICIA JENSEN Street Address (P.O. Box Number is Not Acceptable) 6666 ESTERO BLVD. 411B SANDARAC City FORT MYERS BEACH FL Zip Code 33931	
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 <u>PATRICIA JENSEN</u> <i>Patricia Jensen</i> DATE <u>4/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	JENSEN, JAMES D	NAME	
STREET ADDRESS	2219 APSLEY BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO, OH 43617	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	MGRM
NAME	JENSEN, JEFFREY	NAME	JENSEN GORDON
STREET ADDRESS	2175 BLACKTHORN	STREET ADDRESS	2834 MAUMEE, OH
CITY-ST-ZIP	TOLEDO, OH 43614	CITY-ST-ZIP	BYRNWYCK W- 43537
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	DYBALA, RANDY J	NAME	
STREET ADDRESS	7062 WINDY HILL	STREET ADDRESS	
CITY-ST-ZIP	MAUMEE, OH 43537	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	DYBALA, LESLIE A	NAME	
STREET ADDRESS	7062 WINDY HILL	STREET ADDRESS	
CITY-ST-ZIP	MAUMEE, OH 43537	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: <u>Leslie A Dybala</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/10/07</u> <small>Date Daytime Phone #</small>	