

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000001992</b>	
1. Entity Name <b>SUNSHINE CAPITAL HOTELS, LLC</b>	
Principal Place of Business <b>25 WOODS LAKE ROAD, BUILDING #6 STE. 600 GREENVILLE, SC 29607</b>	Mailing Address <b>25 WOODS LAKE ROAD, BUILDING #6 STE. 600 GREENVILLE, SC 29607</b>



04112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>86-1064690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CONRAD, J. MARSHALL 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32302</b>
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**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUGHTRY, PAUL C III 25 WOODS LAKE ROAD, BUILDING #6 STE. 600 GREENVILLE, SC 29607
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

**4/14/05 (86A) 271 9855**  
Date Daytime Phone #