

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90221 015 ****50.00

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DOCUMENT # M03000003841 1. Entity Name SUNSHINE PROPERTIES, LLC					
Principal Place of Business 7122 ANDRE COURT INDIANAPOLIS, IN 46278			Mailing Address 7122 ANDRE COURT INDIANAPOLIS, IN 46278		
2. Principal Place of Business 1128 Laurelwood		3. Mailing Address 1128 Laurelwood			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Carmel, IN		City & State Carmel, IN		4. FEI Number 35-2045781	
Zip 46032		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, TREVOR 7122 ANDRE COURT INDIANAPOLIS, IN 46278			7. Name and Address of New Registered Agent Name Jim Daisey Street Address (P.O. Box Number is Not Acceptable) 2400 Las Olas Blvd., Suite 322 City Ft. Lauderdale FL Zip Code 33301		
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 James Daisey 3/29/05 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAY, TREVOR 7122 ANDRE COURT INDIANAPOLIS, IN 46278		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Trevor Gray 1128 Laurelwood Carmel, IN 46032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAY, EDNA H 7122 ANDRE COURT INDIANAPOLIS, IN 46278		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edna H. Gray 1128 Laurelwood Carmel, IN 46032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			3/29/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
Edna H. Gray, member					