


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 28, 2006 08:00 A
Secretary of State

DOCUMENT-# M03000004339	
1. Entity Name THE LAND OF SONSHINE PROPERTIES, LLC	

Principal Place of Business 50564 SHOREWOOD CIRCLE RUSH CITY MN 55069	Mailing Address 50564 SHOREWOOD CIRCLE RUSH CITY MN 55069
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 33-1049763	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	
MILLER, LEANNA 5499 RATTLE SNAKE HAMMOCK NAPLES FL 34113	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006</p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAWFORD, ANNE 50564 SHOREWOOD CIRCLE RUSH CITY MN 55069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	UN0000575550 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/29/06-80006-018 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURCH, DONNA M 50564 SHOREWOOD CIRCLE RUSH CITY MN 55069 <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	MGRM BURCH, ROBERT 50564 SHOREWOOD CIRCLE RUSH CITY MN 55069 <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 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: Robert L. Burch Robert L. Burch 8-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #