## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P97000015814

1. Entity Name

SUNSHINE INNKEEPERS, INC.



Principal Place of Business

1001 E. ATLANTIC AVE

SUITE 202

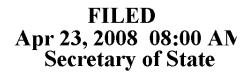
DELRAY BEACH, FL 33483

Mailing Address

1000 MARKET STREET

SUITE 300

PORTSMOUTH, NH 03801





## DO NOT WRITE IN THIS SPACE

01212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0729185 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p lions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little i	I applicable. (NQTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	<del>U00000315041</del> 05/08/08-80081-012	150.00
10.	OFFICERS AND DIREC	TORS		* * ;	- James and James	* . * .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MARK 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MICHAEL 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483				4'94	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, WILLIAM 1000 MORTET ST., SUITE 300 PORTSMOUTH, NH 03801			ĎÖ	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4 1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in	THIS SPACE	
TITLE NAME STREET ADDRESS						

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted exployered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a page 255. With a bother like an ownered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGRING OFFICER OR DIRECTOR

1/30/08

Daytime Phone # 2100