


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

**FILED
Aug 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # A04000001694 1. Entity Name SUNNILAND FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business P.O. BOX 930 IMMOKALEE, FL 34143	Mailing Address P.O. BOX 930 IMMOKALEE, FL 34143
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DO NOT WRITE IN THIS SPACE



07302007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1804591	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. C/O KELLY PASSIDOMO ALBA & CASSNER, LLP 2390 TAMiami TRAIL N., STE. 204 NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L04000078318
NAME	SUNNILAND PARTNERS, LLC
STREET ADDRESS	P.O. BOX 930
CITY-ST-ZIP	IMMOKALEE, FL 34143
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000771744
08/08/07-80007-005 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>Aliese P. Priddy</i> Aliese P. Priddy	Date: 7/30/07	Daytime Phone #: 239 213-4049
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER