


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000078318 1. Entity Name SUNNILAND PARTNERS, LLC	
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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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07302007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1802269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHARLES M JR.
 2390 TAMiami TRAIL N., STE. 204
 NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by September 14, 2007

000000771245
 08/02/07-80004-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIDDY, ALIESE P P.O. BOX 930 IMMOKALEE, FL 34143
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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 606, Florida Statutes.

SIGNATURE: Aliese P. Priddy Aliese P. Priddy 7-30-07 239 213-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #