

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90063 018 ****50.00

DOCUMENT # M05000001696

1. Entity Name
TOMAR FLORIDA VENTURE, LLC



Principal Place of Business
5201 JOHNSON DRIVE, STE. 450
MISSION, KS 66205-2930

Mailing Address
5201 JOHNSON DRIVE, STE. 450
MISSION, KS 66205-2930



07132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2508080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MORGAN, THOMAS S
5201 JOHNSON DRIVE, STE. 450
MISSION, KS 662052930

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VARONA, MARIA
1320 SE FEDERAL HIGHWAY, STE. 212
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas S. Morgan, Manager

Date

Daytime Phone #

7/24/06 913-831-2996