

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90319 038 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                 |                                                                                                                                                                         |                                                                    |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L02000005608</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                 |                                                                                                                                                                         |                                                                    |                                                                   |
| <b>1. Entity Name</b><br>LUNN WOODS OF POLK COUNTY LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                 |                                                                                                                                                                         |                                                                    |                                                                   |
| <b>Principal Place of Business</b><br>5529 US 98 N<br>LAKELAND, FL 33809                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                 | <b>Mailing Address</b><br>5529 US 98 NORTH<br>LAKELAND, FL 33809                                                                                                        |                                                                    |                                                                   |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <b>3. Mailing Address</b>       |                                                                                                                                                                         |                                                                    |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | Suite, Apt. #, etc.             |                                                                                                                                                                         |                                                                    |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | City & State                    |                                                                                                                                                                         |                                                                    |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                          | Zip                             | Country                                                                                                                                                                 | <b>4. FEI Number</b><br>01-0616616                                 |                                                                   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                 |                                                                                                                                                                         | <b>\$5.00 Additional Fee Required</b>                              |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WILHELM, KENNETH F<br>5529 US 98 N<br>LAKELAND, FL 33809                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                    |                                                                   |
| <b>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.</b><br>SIGNATURE:  (NOTE: Registered Agent signature required when re-registering) DATE:                                                                                                                                                                                       |                                                                  |                                 |                                                                                                                                                                         |                                                                    |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                 |                                                                                                                                                                         | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                 | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                            |                                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>WILHELM, KENNETH F<br>5529 US 98 N<br>LAKELAND, FL 33809 | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>SAUNDERS, JOE L<br>5529 US 98 N<br>LAKELAND, FL 33809    | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>(Empty)                                                  | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>(Empty)                                                  | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>(Empty)                                                  | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>(Empty)                                                  | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |                                                                  |                                 |                                                                                                                                                                         |                                                                    |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                                                                                                                                         | Date: <u>5-14-08</u>                                               |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                 |                                                                                                                                                                         | Daytime Phone #                                                    |                                                                   |