

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012075

FILED
Mar 19, 2009
Secretary of State

Entity Name: NORTH AMERICAN SUNBURST LLC

Current Principal Place of Business:

4361 CORPORATE SQUARE DR.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4361 CORPORATE SQUARE DR.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 39-1358092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEN OAK LUMBER & MILLING, INC.
4361 CORPORATE SQUARE DR
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TALBOT, TOM
Address: N2885 CTY F
City-St-Zip: MONTELLLO, WI 53949

Title: MGR () Delete
Name: TABLOT, TARA
Address: N2885 CTY F
City-St-Zip: MONTELLLO, WI 53949

Title: MGR () Delete
Name: TED, MORSE MGR
Address: 4361 CORPORATE SQUARE DR
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KELLIE, PARKHURST MGR
Address: 4361 CORPORATE SQUARE DR
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KELLIE PARKHURST

GM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date