2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000014838

1. Entity Name SUNDOWNER, LLC



FILED Apr 03, 2008 08:00 AN Secretary of State

Principal Place of Business

31 FRANKLIN COURT SOUTH SAINT PETERSBURG, FL 33711 Mailing Address

P.O. BOX 46785

SAINT PETERSBURG, FL 33741



DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC

5. Certificate of Status Desired

\$5.00 Additiona Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

MCKENNA, WILLIAM J JR 31 FRANKLIN COURT SOUTH SAINT PETERSBURG, FL 33711

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE				
SIGNATURE		7	·	· *	* * * *	*,
the obligations of registered agent.						
 Ine above named entity submits this statement for the purpose of chang. 	ling its registered office of registered agent, or both, in the state of r	iona.	i am rami	ilai witi	i, and a	rccahi

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000880334 04715708-80058-008 138 7

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MCKENNA, WILLIAM J JR. NAME STREET ADDRESS 31 FRANKLIN COURT SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33711 TITLE MCKENNA, SHARON S JR. NAME STREET ADDRESS 31 FRANKLIN COURT SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33711 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

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11. I nereby certify that the information supplied with this filling 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: WOLAM J. MCNENNA JR

CITY-ST-ZIP

3-31-08

7278675211

TURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #