

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004747 1. Entity Name BOARDWALK AT SUNTREE, LLC	
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FILED
 2008 FEB 19 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 7331 OFFICE PARK PLACE, STE 200 VIERA, FL 32940	Mailing Address PO BOX 410999 MELBOURNE, FL 32941
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DO NOT WRITE IN THIS SPACE

01222008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-0619698	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

RENFRO, ROBERT M
 7331 OFFICE PARK PLACE, STE 200
 VIERA, FL 32940

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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 reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK PLACE AT SUNTREE, LP PO BOX 410999 MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEW HOLDINGS, IV, LLC 7331 OFFICE PARK PLACE STE 200 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

600118967056
 02/28/08--01004--025 **383.75

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: *Robert M. Renfro* 2-12-08 321 242 6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #