## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L04000021641

Address:

City-St-Zip:

4007 N. HARBOR CITY BLVD. #404

MELBOURNE, FL 32935 US

Entity Name: SUNTREE BOULEVARD OFFICES, LLC

FILED Dec 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1311 BEDFORD DRIVE SUITE 1 MEBOURNE, FL 32940 **New Mailing Address: Current Mailing Address:** 1311 BEDFORD DRIVE SUITE 1 MEBOURNE, FL 32940 FEI Number: 20-0894403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLEMAN, CHRISTOPHER J ESQUIRE 1311 BEDFORD DRIVE SUITE 1 MELBOURNE, FL 32940 US 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: ADDITIONS/CHANGES: MGRM (X) Delete Title: () Change () Addition COLEMAN INVESTMENTS,, LLC Name: Name: Address: 1311 BEDFORD DRIVE, SUITE 1 Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: LEWIS FAMILY INVESTM, ENTS, INC. Name: Address: 971 E. EAU GALLIE BLVD., SUITE D Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition TROPICAL BUILDERS OF, BREVARD, LLC Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LARRY G. LEWIS P 12/17/2008