### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L04000035065**

1. Entity Name

INFINITY SUN CITY CENTER, LLC

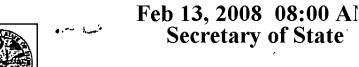
Principal Place of Business

Mailing Address

137 S. PEBBLE BEACH BLVD. STE. 204 SUN CITY CENTER, FL 33573 137 S. PEBBLE BEACH BLVD.

STE. 204

SUN CITY CENTER, FL 33573





01282008 No Chg-LLC

CR2E083 (12/07)

**FILED** 

		 \$5.0
١.	FEI Number 20-1098905	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

**BIZLAW** 

2350 N 34 STREET NORTH

110

ST. PETERSBURG, FL 33713

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<ol><li>The above named entity submits this statement for the purpose of che the obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and site if applicable	(NOTE: Remetered Agent signature required when reinstating)	DATE

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

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR INFINITY FINANCIAL HOLDING CO. 1700 66TH STREET NORTH, STE. 301 ST. PETERSBURG, FL. 33710		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTHRIE, LINDA SUE 137 S. PEBBLE BEACH BLVD., STE 204 SUN CITY CENTER, FL 33573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADORESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			

U00000826462 02/21/08-80050-011 138.75

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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.

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BIOMATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Capril Capril

2-8-08

913-634-107

Date

Daytime Phone #