## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000058187** 

1. Entity Name

SUNNY PALM BAY HOLDING, LLC



Principal Place of Business

5 STEEPLECHASE CT SAINT JACOB, IL 62281 L Mailing Address

854 KAYS POINT RD LAKE OZARK, MO 65049

) US

FILED Apr 04, 2008 08:00 A Secretary of State



04012008 No Chg-LLC

CR2E083 (12/07)

| 4, FEI Number                    |   |        | Applied For    |
|----------------------------------|---|--------|----------------|
| 37-1366657                       |   |        | Not Applicable |
| 5. Certificate of Status Desired | × | \$5.00 | Additional     |

|   |      | 6.     | Nai      | me    | and | Addı    | <b>ess</b> | of ( | Curren | t Red | gistered | Agent |
|---|------|--------|----------|-------|-----|---------|------------|------|--------|-------|----------|-------|
| · | 1,.3 | : "    | . ***_ < | ·::-  | 21. |         | <u></u>    |      |        | •     |          |       |
|   |      | W. 31. | 3        | 1.    | 1.  | North L | ٠,٠,       | ٠.,  |        |       |          |       |
|   |      |        | ,        | 1. 2. |     |         |            | ~ `  |        |       |          |       |

SUTCH, CHRISTINA B 202 N. HARBOR CITY BOULEVARD STE. 200 MELBOURNE, FL 32935 DO NOT WRITE IN THIS SPACE

| 31  | AMPARTO L                            |   |
|-----|--------------------------------------|---|
|     |                                      | registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| • ' | the obligations of registered agent. |   |

SIGNATURE.

Pur et a la Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

\_\_\_\_\_04/16/08-806625-028 143 7

## 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 | MGR<br>HARRISON, ROBERT<br>5 STEEPLECHASE CT<br>SAINT JACOB, IL 62281  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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11. I nereby 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** 

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

4-1-08

573-964-6495

e Daytime Ph