

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 15, 2007
Secretary of State**

DOCUMENT# L04000060467

Entity Name: SUNBLET REALTY LABELLE, L.L.C.

Current Principal Place of Business:

777 HICKPOOCHEE W HWY 80
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

725 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-1565899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATT-BIGGS, BARBARA
725 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: WATT-BIGGS, BARBARA
Address: 725 CAPE CORAL PARKWAY WEST
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: BIGGS, ROBERT W
Address: 725 CAPE CORAL PKWY W
City-St-Zip: CAPE CORAL, FL 33914

Title: DIR () Delete
Name: PFLUGE, RICHARD T
Address: PO BOX 640
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: WATTENMAKER, CONNIE
Address: 1012 MAXWELL AVE S
City-St-Zip: LEHIGH, FL 33936

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.

SIGNATURE: BARBARA WATT-BIGGS

MGRM

11/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date