

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90019 012 ***138.75

DOCUMENT # L04000063773

1. Entity Name
SOMBRERO BEACH PARTNERS, LLC



Principal Place of Business
**25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**

Mailing Address
**25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

13-4286205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSASCO, PETER
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KIG OPERATIONS LLC
25000 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 33042** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KIG PERSONAL HOLDINGS LLC
25000 OVERSEAS HIGHWAY
SUMMERLAND KEY FL 33042** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GREINER, DAVID
4350 WILL ROGERS PKWY SUITE 350
OKLAHOMA CITY, OK 73108** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SOUTHERN CROSS INVESTMENTS LLC
4350 WILL ROGERS PKWY SUITE 350
OKLAHOMA CITY OK 73108** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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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.

SIGNATURE:

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

Date

Daytime Phone #

4-29-08