


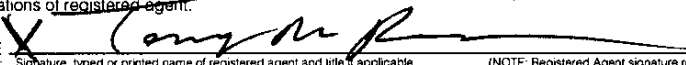

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90029 037 \*\*\*138.75

60037238



|  |   |  |   |
|--|---|--|---|
| DOCUMENT # L04000063805  |   |                           |   |
| 1. Entity Name<br>SONOMA DEVELOPMENT PARTNERS, LLC   |   |  |   |
| Principal Place of Business<br>1507 E. CONCORD STREET<br>ORLANDO, FL 32803 US  |   | Mailing Address<br>1507 E. CONCORD STREET<br>ORLANDO, FL 32803 US  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 4. FEI Number<br>20-1589391  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |   |
| DICKSON, RUSSELL K JR<br>20 NORTH ORANGE AVENUE<br>SUITE 1100<br>ORLANDO, FL 32801   |   | Name: Tony M. Benge, Jr.<br>Street: 1507 E. Concord Street<br>Orlando, FL 32803<br>City: _____ 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:    |   | DATE: 4/28/08  |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |   |  |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BENGE, TONY M JR<br>1507 E. CONCORD STREET<br>ORLANDO, FL 32803 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:    |   | DATE: 4/28/08 Daytime Phone #: 407-770-0155  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |   |