

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091306

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: THUNDERBIRD FLORIDA, L.C.

**Current Principal Place of Business:**

310 MAIN STREET  
DAVENPORT, IA 52801

**New Principal Place of Business:**

**Current Mailing Address:**

310 MAIN STREET  
DAVENPORT, IA 52801

**New Mailing Address:**

FEI Number: 20-2077312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREBE, JEFFREY A  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: MGR ( ) Delete  
Name: SCHALK, CYNTHIA S  
Address: 310 MAIN ST  
City-St-Zip: DAVENPORT, IA 52801

Title: MGR ( ) Delete  
Name: JOHN, NARBY A  
Address: 1907 EAST 50TH CT  
City-St-Zip: DAVENPORT, IA 52807

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: CHERYL, NARBY  
Address: 1907 EAST 50TH CT  
City-St-Zip: DAVENPORT, IA 52807

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: CHERYL NARBY

MGR

04/15/2008

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