

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003152

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE MEADOWS AT SUNNYSIDE, LLC

Current Principal Place of Business:

409 E. OAKLAND AVE.
SUITE B
OAKLAND, FL 347873068

New Principal Place of Business:

1303 ALBERTA DR.
WINTER PARK, FL 327893909

Current Mailing Address:

409 E. OAKLAND AVE.
SUITE B
OAKLAND, FL 347873068

New Mailing Address:

P.O. BOX 3477
WINTER PARK, FL 327903477

FEI Number: 20-2144883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNELLMANN, JEFFREY G
409 E. OAKLAND AVE.
SUITE B
OAKLAND, FL 347873068 US

Name and Address of New Registered Agent:

SCHNELLMANN, JEFFREY G
1303 ALBERTA DRIVE
WINTER PARK, FL 327893909 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHNELLMANN, JEFFREY
Address: 409 E. OAKLAND AVE. SUITE B
City-St-Zip: OAKLAND, FL 347873068

Title: MGR () Delete
Name: WHEELER, ROBERT E
Address: 409 E. OAKLAND AVE. SUITE B
City-St-Zip: OAKLAND, FL 347873068

ADDITIONS/CHANGES:

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

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

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: JEFFREY G. SCHNELLMANN

MGR

04/28/2009

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