

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013166

Entity Name: SUNDIAL VILLAGE, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

POST OFFICE BOX 632  
BAGDAD, FL 32530

**New Principal Place of Business:**

6815 DALISA ROAD  
MILTON, FL 32583

**Current Mailing Address:**

POST OFFICE BOX 632  
BAGDAD, FL 32530

**New Mailing Address:**

FEI Number: 20-2297601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALKA, MATTHEW W  
2508 WHALEY AVENUE  
PENSACOLA, FL 32503 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: ROLL, BERNARD  
Address: P.O. BOX 632  
City-St-Zip: BAGDAD, FL 32530

Title: MGRM ( ) Delete  
Name: HOMYAK, JIM  
Address: 366 FT. PICKENS ROAD  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGRM ( ) Delete  
Name: BALKA, MATTHEW W  
Address: 2508 WHALEY AVENUE  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

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

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: BERNARD ROLL

MGRM

01/15/2009

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