2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Mar 11, 2008 08:00 A DOCUMENT # L05000031658 1. Entity Name Secretary of State SUNBLEST PROPERTIES, LLC Principal Place of Business Mailing Address 7923 KINGSBURY BLVD. 13061 HAMILTON HARBOUR DRIVE NAPLES FL 34110 ST. LOUIS MO 63105 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 41-2172595 Not Applicable Zip Country Zip Couritry \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEARY, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 13061 HAMILTON HARBOUR DRIVE R-6 NAPLES FL 34110 Zip Code City 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: Iyour or signed har erollinea stored agont and the flat or axele (NOTE: Rouges a vision) signature required when constation) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Defete Til de Change Addition NAME BONHAM, MARK S NAME U00000854423 STREET ADDRESS 12430 HAYDON COURT STREET ADDRESS 03/27/08-80008-003 138.75 CITY-ST-7:P CHY-ST-ZIP FISHERS IN 46038 TITLE MGRM ☐ Delete TITLE Change Addition | NAME GEARY, STEPHEN L NAME STREET ADDRESS 13061 HAMILTON HARBOUR DRIVE, R-6 STREET ADDRESS GITY- ST- ZIP NAPLES FL 34110 CITY: ST-Z-P TITLE Delete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-Z:P Defete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 outh; 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.

TITLE

NAME

STREET ADDRESS

CITY -ST - Z:IF

SIGNATURE: Little Clay Stephen Geary

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

<u>3-7-08</u>

314-691-3028

☐ Change

☐ Addition