2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# L05000039187

Entity Name: FLORIDA SUNFLOWER, L.L.C.

Current Principal Place of Business:

2735 SANTA BARBARA BLVD. SUITE 201
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

2735 SANTA BARBARA BLVD. SUITE 201
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-2759644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, CHRISTINE F ESQ.
2735 SANTA BARBARA BLVD., SUITE 201
CAPE CORAL, FL 33914 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: LEIENDECKER, GUIDO
Address: 15930 KNIGHTSBRIDGE COURT
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR ( ) Delete
Name: LEIENDECKER, RUTH
Address: 15930 KNIGHTSBRIDGE COURT
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR ( ) Delete
Name: PELZER, GERHARD
Address: 20199 MARKWARD CROSSING
City-St-Zip: ESTERO, FL 33928 US

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: LEIENDECKER, RUTH O 03/06/2008

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