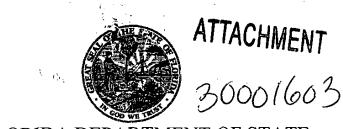


FILED

Mar 02, 2006 8:00 am Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000115845 02-13-2006 90187 049 ****55.00 1. Entity Name SUNLAND I. LLC Principal Place of Business Mailing Address 30001603 730 BONNIE BRAE STREET 730 BONNIE BRAE STREET WINTER PARK, FL. 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 1152661 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAVANAUGH, THOMAS L 730 BONNIE BRAE STREET Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 -Zip Code 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 famillar with, and accept the obtigations of registered agent. SIGNATURE Signature, typed or private name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check pevable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MANAGER TITLE TITLE ☐ Deleta D Add tion Change TLC REALESTATE MEMT, INC. 130 BOUNTE BELE ST. NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-51-7# TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP MLE ☐ Delete IIILE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Colete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DDE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-SI-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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-tagal 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: BIGHATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

SUNLAND I, LLC 730 BONNIE BRAE STREET WINTER PARK, FL 32789

Subject: SUNLAND I, LLC

Reference Number:

L05000115845

184

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION