## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000115845** 

1. Entity Name SUNLAND I, LLC



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

730 BONNIE BRAE STREET WINTER PARK, FL 32789 Mailing Address

730 BONNIE BRAE STREET WINTER PARK, FL 32789



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1152661 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVANAUGH, THOMAS L 730 BONNIE BRAE STREET WINTER PARK, FL 32789

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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, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		
MANAGING MEMBERS/MANAGERS		
MGR TLC REAL ESTATE MGMT., INC. 730 BONNIE BRAE ST WINTER PARK, FL 32789		U00000590290 01/18/07-80049-007 50.00
	DO	NOT WRITE
	IN '	THIS SPACE
	Signature, typed or printed name of registered agent and little of applicable  Silling Fee is \$50.00  Due by May 1, 2007  MANAGING MEMBERS/MANAGERS  MGR  TLC REAL ESTATE MGMT., INC.  730 BONNIE BRAE ST  WINTER PARK, FL 32789	Signature, typed or printed name of registered agent and little of applicable (NOTE: Registered Agent signature required when rainstating)  Illing Fee is \$50.00 MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  TLC REAL ESTATE MGMT., INC. 730 BONNIE BRAE ST WINTER PARK, FL 32789

11. I hereby certify that the information supplied with this filing 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 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:

NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-17-07

407-628-3065

Daytime Phone #