

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90087 001 \*\*\*550.00

**DOCUMENT # L06000002842**

1. Entity Name

SUN-SNELL PARTNERS I, LLC



Principal Place of Business

475 CENTRAL AVENUE  
SUITE 205  
ST. PETERSBURG FL 33701  
US

Mailing Address

475 CENTRAL AVENUE  
SUITE 205  
ST. PETERSBURG FL 33701  
US



2. Principal Place of Business - No P.O. Box #

1950 Lake Ave SE

Suite, Apt. #, etc.

B

3. Mailing Address

1950 Lake Ave SE

Suite, Apt. #, etc.

D

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

Zip

33771

Country

4. FEI Number

20-4073111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

SUN VISTA DEVELOPMENT GROUP  
457 CENTRAL AVENUE  
SUITE 205  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: LODER, JOHN  
STREET ADDRESS: 475 CENTRAL AVENUE, SUITE 205  
CITY- ST- ZIP: ST. PETERSBURG FL 33701

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 1950 Lake Ave SE, B  
CITY- ST- ZIP: Largo, FL 33771

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
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TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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

*April Charles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-07 (727) 581-7200

Date

Daytime Phone #