

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032543

FILED
Apr 24, 2007
Secretary of State

Entity Name: SUNNY FLORIDA REAL ESTATE, LLC

Current Principal Place of Business:

81 OAKLEIGH DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

81 OAKLEIGH DRIVE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMACHER, PAUL D JR.
81 OAKLEIGH DRIVE
MAITLAND, FL 32751-583 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: MGRM () Delete
Name: SCHUMACHER, PAUL D JR.
Address: 81 OAKLEIGH DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: SCHUMACHER, PAUL D
Address: 81 OAKLEIGH DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: SCHUMACHER, MARK T
Address: 850 ORANOLE ROAD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHUMACHER, PAUL D JR.
Address: 513 PUERTA CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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: PAUL D SCHUMACHER

MGRM

04/24/2007

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