2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014306

Entity Name: SUNFLOWER INVESTMENT GROUP LLC

FILED Jan 05, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

900 N MILLS AVENUE ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

900 N MILLS AVENUE ORLANDO, FL 32803

FEI Number: 20-8406119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIAH, MONIRUL ALAM
849 S WYMORE ROAD
MIAH, MONIRUL ALAM
863 S WYMORE ROAD

24D APT#102

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US

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: MONIRUL ALAM MIAH 01/05/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: MIAH, JAHANGIR A

Address: 272 S WYMORE RD - APT 101 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

 Title:
 MGR

 Name:
 SATTAR, KAZI

 Address:
 500 KEY HAVEN DR

 City-St-Zip:
 SANFORD, FL 32771

Title: MGR

Name: MIAH, SHAH A

Address: 265 SPRINGS COLONY CIR - APT 251
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR

Name: MIAH, SHAHIDUL A Address: 548 E WARREN AVE City-St-Zip: LONGWOOD, FL 32750

Title: MGR

Name: BODIUZZAMAN, M D Address: 210 HANGING MOSS CIR City-St-Zip: LAKE MARY, FL 32746

Title: MGR

Name: MINA, MOHINDDIN

Address: 318 SPRINGS COLONY CIR - APT 104 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 Statues.

SIGNATURE: MONIRUL ALAM MIAH MGR 01/05/2010

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