


**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000119919 1. Entity Name SUNFLOWER INVEST ,LLC	
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50004456

Principal Place of Business 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US	Mailing Address 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # <i>11850 DR. MLK ST.</i>	3. Mailing Address <i>11850 DR. MLK ST.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State <i>ST. PETERSBURG, FL</i>	City & State <i>ST. PETERSBURG FL</i>
Zip <i>33716</i>	Country <i>U.S.A.</i>

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent IMWORLD SERVICES, INC. 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VUKOBRAT, STEVICA UCITELJSKA 10 SUBOTICA, SERBIA, SE 24000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add
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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: VUKOBRAT STEVICA *[Signature]* 03.05.2008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #