

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000002310

1. Entity Name
SPARROW COMMUNITIES, LLC



Principal Place of Business

**9504 LAURA LANE
WINNECONNE, WI 54986**

Mailing Address

**9504 LAURA LANE
WINNECONNE, WI 54986**

DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
39-1987502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYNCH, BRIAN M
16120 128TH TRAIL N
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000872930
04/10/08-80057-020-130.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LYNCH, KATHLEEN
STREET ADDRESS	9504 LAURA LANE
CITY-ST-ZIP	WINNECONNE, WI 54986

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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: Kathleen F. Lynch

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

Date

Daytime Phone #