

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002310

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** SPARROW COMMUNITIES, LLC

**Current Principal Place of Business:**

9504 LAURA LANE  
WINNECONNE, WI 54986

**New Principal Place of Business:**

**Current Mailing Address:**

9504 LAURA LANE  
WINNECONNE, WI 54986

**New Mailing Address:**

**FEI Number:** 39-1987502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

LYNCH, BRIAN M  
104 EAST INDIAN CROSSING CIRCLE  
JUPITER, FL 33458 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: \_\_\_\_\_

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LYNCH, KATHLEEN  
Address: 9504 LAURA LANE  
City-St-Zip: WINNECONNE, WI 54986

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN LYNCH

MGRM

01/27/2009

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