

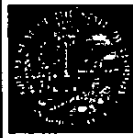
**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90046 007 \*\*\*\*50.00

**DOCUMENT # M04000003503**

1. Entity Name  
**SABAL PARK SUNWAY, L.L.C.**



Principal Place of Business  
**10985 CODY, SUITE 200 220  
OVERLAND PARK, KS 66210 -1224**

Mailing Address  
**10985 CODY, SUITE 200 220  
OVERLAND PARK, KS 66210 -1224**

**20020770**



01122006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0178987**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME DONALD E. CULBERTSON REVOCABLE TRUST  
STREET ADDRESS 10985 CODY, SUITE 200 220  
CITY - ST - ZIP OVERLAND PARK, KS 66210 -1224

TITLE MGR  
NAME SMALL, TORRANCE  
STREET ADDRESS 10985 CODY, SUITE 200 220  
CITY - ST - ZIP OVERLAND PARK, KS 66210 -1224

TITLE MGR  
NAME LEGETTE, TYRONE  
STREET ADDRESS 10985 CODY, SUITE 200 1224  
CITY - ST - ZIP OVERLAND PARK, KS 66210 -1224

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

**3/21/06 98-345-2111**