


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90198 019 ****50.00

DOCUMENT # M04000003503 1. Entity Name SABAL PARK SUNWAY, L.L.C.	
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Principal Place of Business 10985 CODY, SUITE 220 OVERLAND PARK, KS 66210-1224	Mailing Address 10985 CODY, SUITE 220 OVERLAND PARK, KS 66210-1224
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DO NOT WRITE IN THIS SPACE

60029432



02222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0178987	Applied For Not Applicable
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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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DONALD E. CULBERTSON REVOCABLE TRUST 10985 CODY, SUITE 200 OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMALL, TORRANCE 10985 CODY, SUITE 200 OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEGETTE, TYRONE 10985 CODY, SUITE 200 OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____ <small>Daytime Phone # _____</small>
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