

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000003503

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



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

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



01292008No Chg-LLC

CR2E083 (12/07)

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

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**

U000000830541
02/26/08-80087-021 138.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

Donald E Culbertson
Donald E Culbertson

913-845-2411