

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003503

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

10985 CODY, SUITE 220
OVERLAND PARK, KS 662101224

New Principal Place of Business:

Current Mailing Address:

10985 CODY, SUITE 220
OVERLAND PARK, KS 662101224

New Mailing Address:

FEI Number: 20-0178987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DONALD E. CULBERTSON, REVOCABLE TRU S T
Address: 10985 CODY, SUITE 200
City-St-Zip: OVERLAND PARK, KS 66210

Title: MGR () Delete
Name: SMALL, TORRANCE
Address: 10985 CODY, SUITE 200
City-St-Zip: OVERLAND PARK, KS 66210

Title: MGR () Delete
Name: LEGETTE, TYRONE
Address: 10985 CODY, SUITE 200
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES:

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

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

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: DONALD E. CULBERTSON

MGR

01/07/2009

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