

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000001696

1. Entity Name

TOMAR FLORIDA VENTURE, LLC



Principal Place of Business

5201 JOHNSON DRIVE, STE. 450  
MISSION, KS 66205-2930

Mailing Address

5201 JOHNSON DRIVE, STE. 450  
MISSION, KS 66205-2930



04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2508080

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MORGAN, THOMAS S  
STREET ADDRESS 5201 JOHNSON DRIVE, STE. 450  
CITY-ST-ZIP MISSION, KS 662052930

TITLE MGR  
NAME VARONA, MARIA  
STREET ADDRESS 1320 SE FEDERAL HIGHWAY, STE. 212  
CITY-ST-ZIP STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000718109  
05/01/07-80007-025 50.00

**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 #

4/12/07