2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 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

DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC CR2E083 (12/07)

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

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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

U00000950829
06/04/08-80007-013 138.75

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 5-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #