2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009863

SUGÁRCANE 70, LLC

FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2699 S. BAYSHORE DRIVE

400

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400

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33133 US

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04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3050148

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARKEY, KEITH 2699 S. BAYSHORE DRIVE 400 MIAMI, FL 33133

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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 sigent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

	9.	MANAGING MEMBERS/MANAGERS	
	NTLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHARKEY, KEITH 2699 S. BAYSHORE DRIVE, #400 MIAMI, FL 33133	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELTON, DONALD 2699 S. BAYSHORE DRIVE, #400 MIAMI, FL 33133	
	TITLE NAME STREET ADDRESS GITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE		

279/2795-44153 25/25/25/34/4833/25/315/315/30/200

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NAME STREET ADDRESS

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

Daytime Phone #