


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90208 020 \*\*\*150.00

<b>DOCUMENT # L04000066363</b>			
1. Entity Name SUGARBABIES, LLC			
Principal Place of Business 7314 POINT OF ROCKS ROAD SARASOTA, FL 34242		Mailing Address 7314 POINT OF ROCKS ROAD SARASOTA, FL 34242	
2. Principal Place of Business 2524 Colony Terrace Suite, Apt. #, etc.		3. Mailing Address 2524 Colony Terrace Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34239		Country USA	
4. FEI Number 02012005		Chg-LLC CE2E083 (10/03) 26-0119506	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUGAR, STEPHANIE 7314 POINT OF ROCKS ROAD SARASOTA, FL 34242 <i>Change of Address</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Stephanie J. Sugar</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>7/5/05</i>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President David A. Sugar 7314 Point of Rocks Rd Sarasota, FL 34242</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Stephanie Sugar 7314 Point of Rocks Rd Sarasota, FL 34242</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President David A. Sugar 2524 Colony Terrace Sarasota, FL 34239</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Stephanie Sugar 2524 Colony Terrace Sarasota, FL 34239</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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: <i>Stephanie J. Sugar</i> SIGNATURE AND TYPED OR PRINTED NAME OF BORING, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: <i>7/5/05</i> PHONE: <i>(941) 954.1901</i>	

30009951



*Address Change*