

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081354

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: SUGAR LOAF PALM PARTNERS, LLC

**Current Principal Place of Business:**

4400 PGA BLVD., STE. 900  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

16780 OLD STATE ROAD 4A  
SUGARLOAF KEY, FL 33042

**Current Mailing Address:**

4400 PGA BLVD., STE. 900  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

16780 OLD STATE ROAD 4A  
SUGARLOAF KEY, FL 33042

FEI Number: 86-1120538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHN BOYER, CPA  
4400 PGA  
SUITE 900  
PALM BEACH GARDENS, FL 33410 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: PRES ( ) Delete  
Name: BLADES, JACK E  
Address: 16780 OLD STATE ROAD 4A  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: VP ( ) Delete  
Name: CHARLES, HASSAN R JR.  
Address: 2450 E. ALAMEDA AVE UNIT 11  
City-St-Zip: DENVER, CO 80209

Title: TREA ( ) Delete  
Name: BOYER, JOHN  
Address: 4400 PGA BLVD., SUITE 900  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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 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: MICHELLE BLADES

SECT

01/11/2006

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