


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L02000009891</b><br>1. Entity Name<br>SUGAR MILL WOODS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>516 LAKEVIEW ROAD, UNIT 8<br>CLEARWATER, FL 33756-3302 | Mailing Address<br>516 LAKEVIEW ROAD, UNIT 8<br>CLEARWATER, FL 33756-3302 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01272005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number<br>02-0591568  | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>FLYNN, THOMAS F<br>516 LAKEVIEW ROAD, UNIT 8<br>CLEARWATER, FL 33756-3302 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

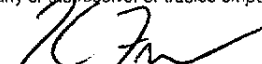
**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FLYNN, THOMAS F<br>516 LAKEVIEW ROAD #8<br>CLEARWATER, FL 33756 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FLYNN, KEVIN T<br>516 LAKEVIEW ROAD #8<br>CLEARWATER, FL 33756    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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02/24/05-80067-018 55.00

**DO NOT WRITE  
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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:**  Kevin T. Flynn, Vice-President 2/16/05 727-449-1182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE