

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000009891**

1. Entity Name  
**SUGAR MILL WOODS, LLC**



Principal Place of Business  
**516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756-3302**

Mailing Address  
**516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756-3302**



01172006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0591568**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FLYNN, THOMAS F  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756-3302**

**DO NOT WRITE  
IN THIS SPACE**

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 registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FLYNN, THOMAS F  
516 LAKEVIEW ROAD #8  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FLYNN, KEVIN T  
516 LAKEVIEW ROAD #8  
CLEARWATER, FL 33756**

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

000000445197  
03/07/06-80034-002 55.00

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Kevin T. Flynn, Vice President**

**2/20/06**

**(727) 449 1182**

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

Date

Daytime Phone #