


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN - 8 PM 12: 52

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # A14457

1. Name of Limited Partnership

SUGAR ISLAND ASSOCIATES, LTD.

BK

900165381509
01/08/10--01031--005 **1000.00
CR2E039 (1/07)

2. Principal Office Address - No P.O. Box # 600 FIFTH AVE SOUTH		3. Mailing Office Address 600 FIFTH AVE SOUTH	
Suite, Apt. #, etc. Ste 207		Suite, Apt. #, etc. Ste 207	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34102	Country	Zip 34102	Country

4. Date Formed or Registered To Do Business in Florida 05/06/1983

5. FEI Number 592231996 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
JOHN N. BRUGGER

Street Address (P.O. Box Number is Not Acceptable)
600 FIFTH AVE SOUTH

Suite, Apt. #, Etc.
SUITE 207

City
NAPLES State **FL** Zip Code **34102 US**

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.
 Supplemental Fee(s): \$88.75 for each year due this office.
 Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620 1810 or 620 1909 Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 620 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
 (REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registrar Document Number
ANNALY BAY CORPORATION	1299 OCEAN AVE., SUITE 900	SANTA MONICA CA 90431	A14457

REINSTATEMENT 2009-2010

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information contained on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner or the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE 1/7/09

Typed or Printed Name of General Partner Signing Form Kevin Kellow for Annaly Bay Corp Telephone Number _____