2006 LIMITED LIABILITY COMPANY. ANNUAL REPORT

FILED Jan 30, 2006 08:00 AM DOCUMENT # L0000003282 **Secretary of State** 1. Entity Name SUSSEX PROPERTIES, L.L.C. Principal Place of Business Mailing Address 4270 TENNYSON WAY **4270 TENNYSON WAY** VENICE, FL 34293 VENICE, FL 34293 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1079292 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, MICHAEL E DO NOT WRITE 4270 TENNYSON WAY VENICE, FL 34293 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) U00000406797 Filing Fee is \$50.00 Due by May 1, 2006 02/07/06-80105-009 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE THOMAS, MICHAEL NAME STREET ADDRESS 4270 TENNYSON WAY CITY-ST-ZIP VENICE, FL 34293 MGRM 1)3) F NAME THOMAS, ALMA 4270 TENNYSON WAY STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING