
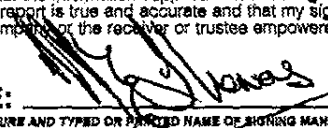


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000003282 1. Entity Name SUSSEX PROPERTIES, L.L.C.		
Principal Place of Business 4270 TENNYSON WAY VENICE, FL 34293		Mailing Address 4270 TENNYSON WAY VENICE, FL 34293
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THOMAS, MICHAEL E 4270 TENNYSON WAY VENICE, FL 34293		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, MICHAEL 4270 TENNYSON WAY VENICE, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, ALMA 4270 TENNYSON WAY VENICE, FL 34293	
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		
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, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		1-22-07 <small>Date Daytime Phone #</small>



01192007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1079292

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000600968
01/26/07-80029-024 50.00

**DO NOT WRITE
IN THIS SPACE**