2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000003282

SUSSEX PROPERTIES, L.L.C.



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

4270 TENNYSON WAY VENICE, FL 34293

Mailing Address

4270 TENNYSON WAY VENICE, FL 34293



02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1079292 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MICHAEL E 4270 TENNYSON WAY VENICE, FL 34293

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8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.	·		· i	
4.0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			-
9.	MANAGING MEMBERS/MANAGERS	, , , , , , , , , , , , , , , , , , ,		
TITLE	MGRM			
NAME	THOMAS, MICHAEL	1		
STREET ADDRESS	4270 TENNYSON WAY	i e		
CITY-ST-ZIP	VENICE, FL 34293	i		
TITLE	MGRM			
NAME	THOMAS, ALMA	i		
STREET ADDRESS	4270 TENNYSON WAY		<u>U00000824170</u>	
CITY-ST-ZIP	VENICE, FL 34293		02/20/08-80067-009 138.75	
TITLE				
NAME	Í	ď		
STREET ADDRESS			NOT WOITE	
CITY-ST-ZIP		טט ו	NOT WRITE	

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

SIGNATURE:

SIGNATURE AND T

TITLE

NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED RE