


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003282**

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

**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>65-1079292</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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
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 02/20/08-80067-009 138.75

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

**SIGNATURE:**  **MICHAEL E. THOMAS**    **2/8-08**    **941-497-1505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #