# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 21, 2006 8:00 am**
**Secretary of State**
05-22-2006 90208 001 ******.50
06-21-2006 90189 007 ****49.50

DOCUMENT # L00000014933

1. Entity Name
SUTTONWOOD FLORIDA PROPERTIES, LC

40096516

| Principal Place of Business | Mailing Address |
|---|---|
| 1300 BRICKELL AVE<br>MIAMI, FL 33131 | 1300 BRICKELL AVE<br>MIAMI, FL 33131 |

01102006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-1061773
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, MILAGOS
1300 BRICKELL AVENUE
MIAMI, FL 33131

**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)

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | FORTUNE INTERNATIONAL EQUITY |
| STREET ADDRESS | 1300 BRICKELL AVE |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:** _____ 04/25/06 305351-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #