


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # L01000005886 1. Entity Name SUSSEX VENTURE GROUP, LLC. |  |
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|---|---|
| Principal Place of Business 2241 TAMIAMI TRAIL E SUITE 2 NAPLES, FL 34112 | Mailing Address 2241 TAMIAMI TRAIL E SUITE 2 NAPLES, FL 34112 |
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03142004No Chg-LLC

CR2E083 (10/03)

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|------------------------------------|---|
| 4. FEI Number 65-1096986 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SMITH, ADAM 2241 TAMIAMI TRAIL E NAPLES, FL 34112 |
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000096488
03/25/04-80031-016 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, ADAM 2241 TAMIAMI TRAIL E NAPLES, FL 34112 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Date** _____ **Daytime Phone #** _____