2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 30, 2008 8:00 am Secretary of State

DOCUMENT # L01000010568 1. Entity Name STURGIS PROPERTIES, LLC					01-30-2008 90092 007 ***138.75			
Principal Place of Business 4645 U.S. 1 VERO BEACH, FL 32961 Mailing Address 4645 U.S. 1 VERO BEACH, FL 32961					† (1881)(8)) A	ik ddari sidir driik driki dd	ON BRIDI DEN BRIDI BARR BUEL A	RITTI IRI ITOI
2. Principal Place	of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address P.O. Box 2559					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		01212008	Chg-LLC	CR2E083 (12/06)	
City & State		Vero Bed	Vero Beach .Fl		4. FEI Numb		 -1	oplied For ot Applicable
3796	> course	3296 (Coun	ankwer		e of Status Desired	S5.00 Ad Fee Require	
	Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent Name				
STURGIS, CH 4645 U.S. 1 VERO BEACH			Street Address		P.O. Box Numb	per is Not Acceptabl	e)	
VERO DEMON								
R. The above eam	ed gality submits this statem	eat for the purpose of changing	ita raciator	City	ad cont. as be	Nh. ia lha Ptata of El	FL Zip Coo	
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 ugent and fille it applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							ke check payable to a Department of Stat	e
9.		EMBERS/MANAGERS	10.			ADDITIONS		
STREET ADDRESS 464	GR URGIS, JACK A 15 U.S. 1 RO BEACH, FL 32961	☐ Delote					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			E E EET ADDRESS - SI - ZP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAM STRE	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAM STRE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		THTLE NAMI STRE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-S1-ZIP		TITLE NAMI STRE	:			☐ Change	☐ Addition	
11. I hereby certify that the information supplied with this filting 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 his court as required by Chapter 609, Norder full 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, and a managing member or manager of the limited liability company or the receiver or trustee empowered to execute his court as required by Chapter 609, Norder full 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, and a managing member or manager of the limited liability company or the receiver or trustee empowered to execute his court as required by Chapter 609, Norder full 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 and a managing member or manager of the limited liability company or the receiver of trustee empowered to execute his court as a required by Chapter 609, Norder full that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on the information indicated on this report is true and accurate and that the information indicated on the indi								
		AME OF SIGNING MANAGING MEMBER,	MANAGER, OR	AUTHORIZED REPRESE	NTATIVE	Dute	Daytime Phone #	

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