



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90308 028 ***143.75

DOCUMENT # L01000021995					
1. Entity Name SUGAR HOLDINGS, L.C.					
Principal Place of Business 401 MIRACLE MILE, SUITE 408 C/O ROBERTO PERKINS CORAL GABLES, FL 33134			Mailing Address 401 MIRACLE MILE, SUITE 408 C/O ROBERTO PERKINS CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 9552 SW 57 Street		3. Mailing Address 9552 SW 57 Street			
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Corporate Creations Network, Inc 11380 PROSPERITY FARMS ROAD # 221E Palm Beach FL 33410		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/8/8</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARED, CARLOS 5800 N.W. 74 AVE. MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bared, Carlos 18001 Old Cutler Road, Suite 370 Palmetto Bay, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> DATE: <u>4/8/8</u>					