



# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L02000003454</b> 1. Entity Name <b>S SUGAR, LLC</b>				<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">08 JUL 29 AM 10:13</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>531 DEEN BLVD LAKE PLACID, FL 33852</b>		Mailing Address <b>P.O. BOX 1087 LAKE PLACID, FL 33862</b>			
2. Principal Place of Business - No P.O. Box # <b>Suite, Apt. # 14201 W. Sunrise Blvd Suite 201</b>		3. Mailing Address <b>14201 W. Sunrise Blvd Suite 201</b>			
City & State <b>Sunrise, FL 33323</b>		City & State <b>Sunrise, FL 33323</b>			
Zip <b>33323</b>		Zip <b>33323</b>			
4. FEI Number <b>01-0629177</b>		Applied For <input type="checkbox"/> Not Applicable		07172008 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>MARTIN, MIRTHA V CPA 420 SOUTH COUNTRY CLUB ROAD LAKE MARY, FL 32746</b>			
7. Name and Address of New Registered Agent Name <b>CHRISTINE M. DIFIORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>14201 W. SUNRISE BLVD. SUITE 201</b> City <b>SUNRISE, FL 33323</b> FL Zip Code		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>Christine M. Difiore</u> DATE <u>7/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARLSON, PAMELA 531 DEEN BLVD. LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000133754310</b> <b>07/30/08--01022--023 **161.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CHRISTINE M. DIFIORE</b> <b>14201 W. SUNRISE BLVD. SUITE 201 SUNRISE, FL 33323</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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>Christine M. Difiore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/22/08</u> Daytime Phone #		