


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000007405 1. Entity Name SUGARLOAF MOUNTAIN, LLC	
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Principal Place of Business 3333 WEST KENNEDY BLVD. SUITE 206 TAMPA, FL 33609	Mailing Address 3333 WEST KENNEDY BLVD. SUITE 206 TAMPA, FL 33609
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03232004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0648636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FOWLER WHITE BOGGS BANKER P.A. 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602
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**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 registering)

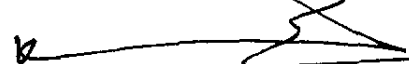
**Filing Fee is \$50.00  
 Due by May 1, 2004**

000000107419  
 04/09/04-80015-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CURTIS, ROBERT T 3333 W. KENNEDY BLVD STE 206 TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4-5-04 DAYTIME PHONE #: 813-875-6324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE