2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007405

1. Entity Name
SUGARLOAF MOUNTAIN, LLC

Principal Place of Business	Mailing Address
3333 WEST KENNEDY BLVD. SUITE 206 TAMPA, FL 33609	3333 WEST KENNEDY BLVD. SUITE 206 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

01202006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
01-0648686	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** 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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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, 2006

UU0000412024
02/10/06-80031-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	CURTIS, ROBERT T
STREET ADDRESS	3333 W. KENNEDY BLVD STE 206
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   JAN 23 2006   813 875 6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #