

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000007405

1. Entity Name
SUGARLOAF MOUNTAIN, LLC



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

Mailing Address
**3333 WEST KENNEDY BLVD.
SUITE 206
TAMPA, FL 33609**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0648686

Applied For

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000581327
01/10/07-80082-021 50.00

**Filing Fee is \$50.00
Due by May 1, 2007**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-3-07

Date

813 875-6324

Daytime Phone #

ROBERT T CURTIS