


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90080 010 ****50.00

DOCUMENT # L02000009834	
1. Entity Name SUGARBEACH DEVELOPMENT COMPANY, L.L.C.	

Principal Place of Business 6465 N. QUAIL HOLLOW ROAD SUITE 205 MEMPHIS TN 38120 US	Mailing Address P.O. BOX 38095 GERMANTOWN TN 38183 US
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2. Principal Place of Business 342 EMERALD	3. Mailing Address P.O. BOX 1741
Suite, Apt. #, etc. R106C SANTA ROSA BEACH	Suite, Apt. #, etc. SANTA ROSA BEACH
City & State FLORIDA 32459	City & State FL 32459
Zip 32459	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 04-3655136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ANCHORS, MICHELLE 909 MAR WALT DRIVE SUITE 1014 FT. WALTON BEACH FL 32547	
7. Name and Address of New Registered Agent Name L. RICCI TRUSTEE / MGR Street Address (P.O. Box Number is Not Acceptable) 342 EMERALD R106C SANTA ROSA BEACH FL 32459 City 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 **L. Ricci Trustee / MGR** DATE **2-2-05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICCI, L. TRUSTEE P.O. BOX 38095 GERMANTOWN TN 38183 <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	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"/> 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 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:

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

Date

Daytime Phone #

L. Ricci Trustee / MGR

2-2-05 850-622-0292