2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013014

1. Entity Name

SUGAR BEACH LAND HOLDINGS, L.L.C.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

11974 U.S. HIGHWAY 98 WEST DESTIN, FL 32550 11974 U.S. HIGHWAY 98 WEST DESTIN, FL 32550



DO NOT WRITE IN THIS SPACE

04042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0609539

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, JOHN W ESQ. MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN, FL 32541

DITY - ST-ZIP

DO NOT WRITE IN THIS SPACE

DESTIN, FL 32541	IN '	THIS SPACE
 The above named entity submits this statement for the purpose of c the obligations of registered agent. 	hanging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algorature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS TITLE MGR SUGAR BEACH INTERIORS, INC. 11974 U.S. HIGHWAY 98 WEST DESTIN, FL 32550 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRETT ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE		000000531427 05/06/06-80039-005 50.00 NOT WRITE THIS SPACE
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11. 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: MOLECULA MEDICAL SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #