

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90203 023 \*\*\*\*50.00

DOCUMENT # L02000025239



1. Entity Name  
SUSSEX HOLDINGS II LLC

Principal Place of Business  
94 SOUTHVIEW ROAD  
SOUTHWICK, WEST SUSSEX  
ENGLAND BN42 4TT.

Mailing Address  
115 S ALBANY AVE  
TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
98-0383371

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOB REAL ESTATE SERVICES, INC.  
115 S ALBANY AVENUE  
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name  
Jacob Real Estate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
607 W. Bay St.

Tampa, Fl 33606

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 James C. Jacob, CCIM

1/25/07

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, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SD HOLDINGS LIMITED  
STREET ADDRESS 94 SOUTHVIEW ROAD  
CITY- ST- ZIP SOUTHWICK, W. SUSSEX, ENGLAND.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: *James C. Jacob*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-26-2007

813-258-3200

Date

Daytime Phone #