

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016391

FILED
Aug 05, 2004
Secretary of State

Entity Name: SUGAR TECHNOLOGY INTERNATIONAL, LLC

Current Principal Place of Business:

201 GARDEN GATE
YOUNGSVILLE, LA 70592

New Principal Place of Business:

1819 WEST PINHOOK ROAD
SUITE 108A
LAFAYETTE, LA 70508

Current Mailing Address:

201 GARDEN GATE
YOUNGSVILLE, LA 70592

New Mailing Address:

1819 WEST PINHOOK ROAD
SUITE 108A
LAFAYETTE, LA 70508

FEI Number: 20-0106774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, IVETTE
3890 WEST 2ND COURT
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MILNE, TIM
Address: 201 GARDEN GATE
City-St-Zip: YOUNGSVILLE, LA 70592

Title: MGR () Delete
Name: FANNING, MARK
Address: 2314 KALISTE SALOOM
City-St-Zip: LAFAYETTE, LA 70508

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILNE, TIM
Address: 1819 WEST PINHOOK ROAD, SUITE 108A
City-St-Zip: LAFAYETTE, LA 70508

Title: MGR (X) Change () Addition
Name: FANNING, MARK
Address: 1819 WEST PINHOOK ROAD, SUITE 108A
City-St-Zip: LAFAYETTE, LA 70508

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK FANNING

MGR

08/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date