

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90037 009 \*\*\*\*50.00

**DOCUMENT # L03000044113**

1. Entity Name  
**SUGAR CREEK COMPANY LLC**



Principal Place of Business  
**700 ELEVENTH STREET SOUTH, PH 2  
NAPLES, FL 34102-6777**

Mailing Address  
**700 ELEVENTH STREET SOUTH, PH 2  
NAPLES, FL 34102-6777**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0859692**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLINGTON SHIELD SERVICES LIMITED INC.  
700 ELEVENTH STREET SOUTH  
PH2  
NAPLES, FL 34102-6777**

Name **Able Advisory, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**700 Eleventh Street South  
PH2**  
City **Naples** FL Zip Code **34102-6777**

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 of Registered Agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **WELLMAN LIMITED COMPANY**  
STREET ADDRESS **700 ELEVENTH STREET SOUTH, PH 2**  
CITY-ST-ZIP **NAPLES, FL 341026777**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME **MGR**  
STREET ADDRESS **Aomac Limited**  
CITY-ST-ZIP **Bison Court  
Road Town, Tortola, B.V.I**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 correct and that my signature shall be deemed a 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 MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ANTHONY R. ABLES - MGR**

**4.19.06 239.430.4310**