## **2008 LIMITED LIABILITY COMPANY**

## Apr 11, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # L04000004089 1. Entity Name SUZIANNA COURT, LLC Principal Place of Business Mailing Address 709 SE 5TH STREET 709 SE 5TH STREET STUART, FL 34994 STUART, FL 34994 04022008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0596459 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARAWAY, BRUCE D DO NOT WRITE 624 ST. LUCIE CRESCENT #102 IN THIS SPACE STUART, FL 34994 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature regulard when reinstating) HINDONORGALIES FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 23/09-80055-018 138.75 MANAGING MEMBERS/MANAGERS 9. TITLE LARAWAY, BRUCE D NAME STREET ADDRESS 624 ST. LUCIE CRESCENT STUART, FL 34994 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

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