


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000011243 |  |
| 1. Entity Name SUGAR SANDS, LLC | |

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|---|--|
| Principal Place of Business 15512 CALOOSA CREEK CIR FORT MYERS FL 33908 | Mailing Address PO BOX 08226 FORT MYERS FL 33908 |
|---|--|



| | | | |
|--|---------|--------------------|---------|
| 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 |

1st MOORE CR2E083 (10/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent LASSAUX, JAMES C 15512 CALOOSA CREEK CIR FORT MYERS FL 33908 | |
|--|--|

| | |
|---|--|
| 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
|---|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when revisiting) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000620562
02/09/07-80041-017 50.00

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR LASSAUX, JAMES C 15512 CALOOSA CREEK CIR FORT MYERS FL 33908 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR LEARY, COREY 14421 PINE LILY DR FORT MYERS FL 33908 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR LASSAUX, MARC 3477 GRAND VALLEY CANAL RD CLIFTON CO 81520 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Corey Leary **1/30/07** **239-204-1312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #