




**006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000016187</b> 1. Entity Name <b>SUSSEX INVESTMENT, LLC</b>	
---	---

Principal Place of Business <b>889 PYRUS WAY SUNNYVALE, CA 94087 US</b>	Mailing Address <b>889 PYRUS WAY SUNNYVALE, CA 94087 US</b>
--	--



04112006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2357975</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**JULIEN, ROLAND M  
1806 NW 21ST ST.  
GAINESVILLE, FL 32605**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE \_\_\_\_\_

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

000000516299  
04/29/06-80244-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKNER, JAMES 889 PYRUS WAY SUNNYVALE, CA 94087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKNER, CLAIRE 889 PYRUS WAY SUNNYVALE, CA 94087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULIEN, ROLAND M 1806 NW 21ST ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Roland Julien* **4/14/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #