2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L04000016187

Entity Name: SUSSEX INVESTMENT, LLC

Current Principal Place of Business:

889 PYRUS WAY
SUNNYVALE, CA 94087 US

New Principal Place of Business:

1806 NW 21 ST
GAINESVILLE, FL 32605 US

Current Mailing Address:

889 PYRUS WAY
SUNNYVALE, CA 94087 US

New Mailing Address:

1806 NW 21 ST
GAINESVILLE, FL 32605 US

FEI Number: 20-2357975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JULIEN, ROLAND M
1806 NW 21ST ST.
GAINESVILLE, FL 32605 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/MANAGERS:

Title: MGRM ( ) Delete
Name: LAKNER, JAMES
Address: 889 PYRUS WAY
City-St-Zip: SUNNYVALE, CA 94087 US

Title: MGRM ( ) Delete
Name: LAKNER, CLAIRE
Address: 889 PYRUS WAY
City-St-Zip: SUNNYVALE, CA 94087 US

Title: MGRM ( ) Delete
Name: JULIEN, ROLAND M
Address: 1806 NW 21ST ST
City-St-Zip: GAINESVILLE, FL 32605 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROLAND M. JULIEN MGRM 01/10/2007

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