

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L04000064118

1. Entity Name
SUGAR SHACK, LLC



Principal Place of Business
**P O BOX 70995
ALBANY, GA 31708**

Mailing Address
**P O BOX 70995
ALBANY, GA 31708**



01282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1547309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLOWAY, JAMES B JR.
144 EMERALD RIDGE
SANTA ROSA BEACH, FL 32459**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIS, W. B
STREET ADDRESS	P. O. BOX 70995
CITY- ST- ZIP	ALBANY, GA 31708
TITLE	MGRM
NAME	DUTTON, ROBERT M
STREET ADDRESS	P.O. BOX 70995
CITY- ST- ZIP	ALBANY, GA 31708
TITLE	MGRM
NAME	HOLLOWAY, JAMES B JR.
STREET ADDRESS	144 EMERALD RIDGE
CITY- ST- ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	STAFFORD, RICHARD E
STREET ADDRESS	3812 W CO HWY 30-A
CITY- ST- ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000823231
02/20/08-90030-019 138.75

**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:

Robert M. Dutton, Jr. Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-6-08

Date

229-439-1837

Daytime Phone #