## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L04000081354

1. Entity Name

SUGAR LOAF PALM PARTNERS, LLC



FILED Jan 31, 2007 08:00 AM Secretary of State

Principal Place of Business 16780 OLD STATE ROAD 4A SUGARLOAF KEY, FL 33042 Mailing Address

16780 OLD STATE ROAD 4A SUGARLOAF KEY, FL 33042



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01252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 86-1120538 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN BOYER, CPA 4400 PGA SUITE 900 PALM BEACH GARDENS, FL 33410

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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 Floric	ia. 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

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BLADES, JACK E 16780 OLD STATE ROAD 4A SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES, HASSAN R JR. 2450 E. ALAMEDA AVE UNIT 11 DENVER, CO 80209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BOYER, JOHN 4400 PGA BLVD., SUITE 900 PALM BEACH GARDENS, FL 33410
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<ol> <li>I berefy certify that the information supplied with this filling does not quality for the ex-</li> </ol>	

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11. I hereby certify that the information supplied with this filling 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.

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