


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90065 039 ****55.00

DOCUMENT # L04000086059 1. Entity Name SUGAR LIMA, LLC	
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Principal Place of Business 1107 KEY PLAZA, #277 KEY WEST, FL 33040	Mailing Address 1107 KEY PLAZA, #277 KEY WEST, FL 33040
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08202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LANE, SAMUEL 1107 KEY PLAZA, #277 KEY WEST, FL 33040

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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 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

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, SAMUEL 1107 KEY PLAZA SUITE 277 KEY WEST, FL 33040
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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:  SAMUEL D. LANE 8/20/2007 543 327 3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #