


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jul 05, 2006 8:00 am
Secretary of State

05-02-2006 90042 008 ***150.00

DOCUMENT # L05000066385					
1. Entity Name SUSSEX, LLC					
Principal Place of Business C/O JAMES MCPARTLAND 2614 NORTH TAMiami TRAIL NAPLES, FL 34103-4409 #710			Mailing Address C/O JAMES MCPARTLAND 2614 NORTH TAMiami TRAIL NAPLES, FL 34103-4409 #710		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3142377	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASSNER, CURTIS B. 2640 GOLDEN GATE PARKWAY, SUITE 305 NAPLES, FL 34105				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2390 Tamiami Trail North Suite 204 City NAPLES FL 34103	
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 * address change only DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCPARTLAND, JAMES 2614 NORTH TAMiami TRAIL NAPLES, FL 341034409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 606, Florida Statutes.					
SIGNATURE: Curtis B. Cassner			Date 4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		