

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019190

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: SUGAR CUBE, LLC

**Current Principal Place of Business:**

137 OLIVERA WAY  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

137 OLIVERA WAY  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 20-4639421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIOCE, DOMENICK R  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: SUGAR, LAWRENCE D  
Address: 137 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: SUGAR, AVA B  
Address: 137 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: SUGAR, LAWRENCE D  
Address: 137 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MRS. (X) Change ( ) Addition  
Name: SUGAR, AVA B  
Address: 137 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE D. SUGAR

MR.

04/27/2008

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