2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 19, 2008 8:00 am
Secretary of State
04-18-2008 90149 043 ***138.75

DOCUMENT # L06000058304

1. Entity Name
SUTTON PROPERTIES OF MELBOURNE, LC

Principal Place of Business	Mailing Address
~~2174 HARRIS AVENUE, N.E.~~ ~~PALM BAY FL 32905~~ US	POST OFFICE BOX 060250 PALM BAY FL 32906-0250 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2155 Palm Bay RD.	
Suite, Apt. #, etc.: Suite 9	Suite, Apt. #, etc.
City & State: Palm Bay FL	City & State
Zip: 32905 Country: USA	Zip Country

4. FEI Number: 20-5200683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUTTON, FRED E ~~2174 HARRIS AVENUE, N.E.~~ PALM BAY FL 32905	Name: Street Address (P.O. Box Number is Not Acceptable): 2155 Palm Bay Rd. NE Suite 9 City: Palm Bay FL Zip Code: 32905

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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON, FRED E ~~2174 HARRIS AVENUE, N.E.~~ ~~PALM BAY FL 32905~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2155 Palm Bay Rd. NE; Suite 9 Palm Bay FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #