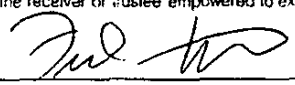


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

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 2174 HARRIS AVENUE, N.E. PALM BAY FL 32905 US			Mailing Address POST OFFICE BOX 060250 PALM BAY FL 32906-0250 US		
2. Principal Place of Business - No P.O. Box # 2155 Palm Bay Rd.		3. Mailing Address Suite, Apt. #, etc. Suite 9			
City & State Palm Bay FL		City & State Palm Bay FL		4. FEI Number 20-5200683	
Zip 32905		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTTON, FRED E 2174 HARRIS AVENUE, N.E. PALM BAY FL 32905				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature: Typed or printed name of registered agent and the filer (applicable) (NOTE: Registered Agent's signature not a condition for recording)					
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	2155 Palm Bay Rd. NE, Suite 9 Palm Bay FL 32905 ☐ Change ☐ Addition	
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 609, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Digital Photo: 8					