


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90306 047 \*\*\*\*50.00

<b>DOCUMENT # L06000064442</b> 1. Entity Name <b>SUGAR GROVE PROPERTIES, LLC.</b>					
Principal Place of Business <b>1000 BRICKELL AVENUE SUITE 710 MIAMI FL 33131</b>			Mailing Address <b>1000 BRICKELL AVENUE SUITE 710 MIAMI FL 33131</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>920</b>			3. Mailing Address Suite, Apt. #, etc. <b>920</b>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-5109624</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PERRICONE, STEVEN J 1000 BRICKELL AVENUE SUITE 710 MIAMI FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PERRICONE, STEVEN J 1000 BRICKELL AVENUE, SUITE 710 MIAMI FL 33131</b> <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 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 #

*4/23/07 (305) 374-9441*