

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-26-2007 90305 039 ****50.00

DOCUMENT # L06000086898 1. Entity Name SUGARBROOK INVESTMENTS, LLC					
Principal Place of Business 12809 HONEYBROOK DR. HUDSON, FL 34669			Mailing Address P.O. BOX 6842 HUDSON, FL 34674		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5552068	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BLOTTA, LYDIA 12809 HONEYBROOK DR. HUDSON, FL 34669			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLOTTA, JOSEPH 12809 HONEYBROOK DR. HUDSON, FL 34669	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VENEZIANO, MARIO 12814 SUGAR CREEK BLVD. HUDSON, FL 34669	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLOTTA, LYDIA 12809 HONEYBROOK DR. HUDSON, FL 34669	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 608, Florida Statutes.		SIGNATURE: <i>Lydia Blotta</i> 2/20/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			