

**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 042 ***138.75

DOCUMENT # L07000024040
1. Entity Name
SUTTON PROPERTIES OF PALM BAY, LC



Principal Place of Business Mailing Address
2174 HARRIS AVENUE, N.E. P.O. BOX 060250
PALM BAY FL 32905 PALM BAY FL 32906-0250

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E083 (10/07)

4. FEI Number
20-8586998
Applied For
Not Applicable
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
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 (required) (NOTE: Registered Agent's signature required when changing)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUTTON, FRED E 2174 HARRIS AVENUE, N.E. PALM BAY FL 32905	☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS/CHANGES

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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 828, Florida Statutes.

SIGNATURE: [Signature] 4-3-08 321-725-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone