## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 14, 2008 8:00 am Secretary of State

02-14-2008 90074 012 \*\*\*138 7

DOCUMENT # L0 / 000125323  1. Entity Name NORDŁAW SUGARMILL PLAZA, LLC						02-14-2008	<b>3</b>	12 1.	36.73	
Principal Place of Business 19259 CORTEZ BLVD. BROOKSVILLE, FL 34601			Mailing Address 19259 CORTEZ BLVD. BROOKSVILLE, FL 34601			60008115				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072008	Chg-LLC	CR2E0	83 (12/06)	ř	
City & State		City & State	City & State		4. FEI Numb	per		<b>—</b>	pplied For ot Applicable	
Zip 	Country	Zip	Count	try	5. Certificati	e of Status Desired		\$5.00 Add Fee Require		
_	6. Name and Address of Cu	rrent Registered Agent			7. Name an	d Address of New I	Registered A	gent		
				Name						
24191 SUI	N, ROSE D ELLEN DRIVE /ILLE, FL 34601		,	Street Addres	ss (P.O. Box Numb	per is Not Acceptabl	e)			
				City			FL	Zip Cod		
8. The above the obligat	named entity submits this statem tions of registered agent.	nent for the purpose of changing it	s registere	ed office or regis	stered agent, or bo	oth, in the State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURÉ .	Signature, typed or printed name of registered	d agent and title if applicable. (NO	TE: Registered	1 Agent signature requ	uired when reinstating)		DATE			
FILE	Signature, typed or prizied name of registered in the second seco		TE: Registered	d Agent signature requ	uired when reinstating)		DATE  Re check partme	-	e e	
FILE	: NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$53		TE: Registered	d Agent signature requ	uired when reinstating)	Florid	ke check pa a Departme	-	e	
FILE After May	: NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$53	EMBERS/MANAGERS			uired when reinstating)		ke check pa a Departme	ent of Stat		
FILE After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$53	88.75	10.		uired when reinstating)	Florid	ke check pa a Departme	-	e Addition	
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11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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2/8/08 1352)7

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Daytime Phone #