

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90057 027 ****50.00

DOCUMENT # L99000006534

1. Entity Name
LARRY & MARLA SUGARMAN PROPERTIES, LLC



Principal Place of Business
26 SELBY LANE
PALM BEACH GARDENS, FL 33418

Mailing Address
26 SELBY LANE
PALM BEACH GARDENS, FL 33418

20000000

2. Principal Place of Business
2843 N. Miller Drive
Suite, Apt. #, etc.

3. Mailing Address
2843 N. Miller Drive
Suite, Apt. #, etc.

City & State
Palm Beach Gardens FL
Zip
33410
Country
Palm Beach

City & State
Palm Beach Gardens FL
Zip
33410
Country
Palm Beach

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0976280

Applied For
Not Applicable.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S
1201 U.S. HIGHWAY ONE, SUITE 204A
NORTH PALM BEACH, FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUGARMAN, LARRY
26 SELBY LANE
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUGARMAN, MARLA
26 SELBY LANE
PALM BEACH GARDENS, FL 33418 ☐ 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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

1/10/05 361-842-7100