2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M97000000847

1. Entity Name
SUGARLAND BUSINESS CENTER L.L.C.

Principal Place of Business	Mailing Address
1350 E. NEWPORT CENTER DR., STE. 206 C/O TAURUS INVESTMENT HOLDINGS, LLC DEERFIELD BEACH, FL 33442	1350 E. NEWPORT CENTER DR., STE. 206 C/O TAURUS INVESTMENT HOLDINGS, LLC DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
54-1749883
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAURUS INVESTMENT GROUP, INC.
ATTN: LINDA KASSOF
1350 E. NEWPORT CENTER DR., STE. 206
DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	VOELKEL, MARKUS
STREET ADDRESS	HOCHSTR. 12
CITY-ST-ZIP	WILLICH-SCHIEFBAHN, GERMANY,
TITLE	MGR
NAME	ACKERMANS-MEYNENS, UTA
STREET ADDRESS	HOCHSTR. 12
CITY-ST-ZIP	WILLICH-SCHIEFBAHN, GERMANY,
TITLE	MGR
NAME	GUENTHER, REIBLING
STREET ADDRESS	1350 E. NEWPORT CENTER DR., STE. 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	KASSOF, LINDA G
STREET ADDRESS	1350 E NEWPORT CENTER DR #206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000679009
04/03/07-80021-007 55.00

DO NOT WRITE IN THIS SPACE

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: Linda Kassof 3-23-07 954 428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #