

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # M97000000847

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



Principal Place of Business

**1350 E. NEWPORT CENTER DR., STE. 206
C/O TAURUS INVESTMENT HOLDINGS, LLC
DEERFIELD BEACH, FL 33442**

Mailing Address

**1350 E. NEWPORT CENTER DR., STE. 206
C/O TAURUS INVESTMENT HOLDINGS, LLC
DEERFIELD BEACH, FL 33442**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000834647
02/28/08-80061-016 143.75

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

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

18-Feb-2008 954-426-4588