2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000847

KASSOF, LINDA G

1350 E NEWPORT CENTER DR #206

DEERFIELD BEACH, FL 33442

Name:

Address:

City-St-Zip:

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

FILED Feb 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
C/O TAUF		NTER DR., STE. 206 ENT HOLDINGS, LLC - 33442		
Current Mailing Address:			New Mailing Address:	
C/O TAUF	EWPORT CEN RUS INVESTM LD BEACH, FL	NTER DR., STE. 206 ENT HOLDINGS, LLC - 33442		
FEI Number	: 54-1749883	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
ATTN: LIN 1350 E. NI DEERFIEL	IDA KASSOF EWPORT CEI LD BEACH, FL		ourpose of changing its register	ed office or registered agent, or both
	e of Florida.	Submits this statement for the p	ourpose of changing its register	ed office of registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	VOELKEL, MA HOCHSTR. 12		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ACKERMANS- HOCHSTR. 12) Delete MEYNENS, UTA IEFBAHN, GERMANY,	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GUENTHER, R 1350 E. NEWF) Delete EIBLING PORT CENTER DR., STE. 206 EACH, FL 33442	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGR () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA G. KASSOF MGR 02/09/2009