

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015146

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: SANCTUARY PARTNERS, LLC

## Current Principal Place of Business:

C/O VERSAGGI PROPERTIES LEASING OFFICE  
1301 S. HOWARD AVE  
TAMPA, FL 33606

## New Principal Place of Business:

C/O VERSAGGI PROPERTIES LEASING OFFICE  
511 S. WESTLAND AVE., #16  
TAMPA, FL 33606

## Current Mailing Address:

C/O VERSAGGI PROPERTIES LEASING OFFICE  
1301 S. HOWARD AVE  
TAMPA, FL 33606

## New Mailing Address:

C/O VERSAGGI PROPERTIES LEASING OFFICE  
511 S. WESTLAND AVE., #16  
TAMPA, FL 33606

FEI Number: 27-0022475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JEFFRIES, DAVID M  
101 E. KENNEDY BLVD.  
SUITE 3000  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: VERSAGGI, MANUEL J  
Address: 1301 S HOWARD AVE LEASING OFFICE  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VERSAGGI, MANUEL J  
Address: 511 S. WESTLAND AVE., #16  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RUSSELL VERSAGGI

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date