


FILED
May 12, 2003 8:00 am
Secretary of State

03-03-2003 90005 032 ****50.00
 05-12-2003 90088 005 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000026810

1. Entity Name
COMFORT ZONE, SARASOTA, LLC



Principal Place of Business
 4801 RIVERWOOD AVENUE
 SARASOTA, FL 34231

Mailing Address
 4801 RIVERWOOD AVENUE
 SARASOTA, FL 34231

10104157



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
 35-2183932

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
 200 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
M. LEWIS HALL, III

Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH ORANGE AVE.

City
SARASOTA

State
FL

Zip Code
34236

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 *M. Lewis Hall, III* **M. LEWIS HALL, III** **MAY 6, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW WITH FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *M. Lewis Hall, III* **M. LEWIS HALL, III, AUTHORIZED REPRESENTATIVE 5/6/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)