


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033311
1. Entity Name
ADMIRALS WALK SARASOTA, L.L.C.



Principal Place of Business 753 E. GLENN AVENUE AUBURN, AL 36831	Mailing Address 753 E. GLENN AVENUE AUBURN, AL 36831
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1443016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR
369 N. NEW YORK AVENUE 3RD FL
WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000141650
04/30/04-80018-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHANNON, MICHAEL V 753 E. GLENN AVENUE AUBURN, AL 36831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CCM ADVISORS, INC. 2412 W COUNTRY CLUB AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Michael V Shannon 4/26/04 334 / 821-0228

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