


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 753 E. GLENN AVENUE      753 E. GLENN AVENUE  
 AUBURN, AL 36831      AUBURN, AL 36831

**DO NOT WRITE IN THIS SPACE**



03252005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 61-1443016      Not Applicable

5. Certificate of Status Desired       \$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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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/05-80018-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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      4/12/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #