


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90034 012 ***138.75

DOCUMENT # L03000004158	
1. Entity Name 200 SOUTH WASHINGTON BOULEVARD, L.L.C.	

Principal Place of Business 200 S. WASHINGTON BLVD. SARASOTA, FL 34236	Mailing Address 200 S. WASHINGTON BLVD. SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 711 S. OSPREY AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 1
City & State	City & State SARASOTA FL
Zip	Country 34236 US



04172008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent KAUFFMAN, GARY ESQ 1990 MAIN ST. STE. 700 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVIER, N.J. 200 S. WASHINGTON BLVD., SUITE 8 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUFFMAN, MARK S. 455 LONGBOAT CLUB ROAD, PH #4 LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mark S. Kauffman</u>	Date: <u>24 Apr 08</u>	Daytime Phone #: <u>941-350-6314</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		