## **~2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # L03000038787**

100 NORTH WASHINGTON, LLC



Principal Place of Business

PALERMO, GEORGE L

SARASOTA, FL 34236

100 N. WASHINGTON BLVD., STE. 301

100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236

Mailing Address

100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236

## **FILED** Mar 15, 2005 8:00 am Secretary of State

03-15-2005 90346 010 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent

01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0297077 20 -029 78 17

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

	ove named entity submits this statement for the purpose of cha- ligations of registered agent.	nging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar with, and	accept
SIGNATU	RF		•	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	Filing Fee is \$50.00 Due by May 1, 2005	**************************************		•
9	MANAGING MEMBERS/MANAGERS		THE WALLEST OF THE WALLEST OF	T. Carl
TITLE	MGR			相關
NAME	DALEDMO GEORGE		THE PARTY OF THE P	Planeta aga i

STREET ADDRESS 100 N. WASHINGTON BLVD. STE 301 CITY-ST-ZIP SARASOTA, FL 34236 MGR MILE NICHOLS, DIANE NAME 100 N. WASHINGTON BLVD STE 301 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied indicated on this report is true and accuse limited liability company or the repetited. tes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information agrure shall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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

941 365-7777

Daytime Phone #