

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041732

1. Entity Name
SARASOTA FLEX SPACE WAREHOUSING, LLC



Principal Place of Business
**12002 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US**

Mailing Address
**12002 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US**

FILED
06 APR 27 AM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 54-2133920	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

**HOWELL, DAVID M
12002 MIRAMAR PARKWAY
MIRAMAR, FL 33025**

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SARASOTA FLEX WAREHOUSING, INC.
STREET ADDRESS	12002 MIRAMAR PARKWAY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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\$25/8

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: *David Howell* 4-19-06

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