



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90244 032 ****55.00

DOCUMENT # L00000000412 1. Entity Name 1099 MANAGEMENT CO., L.L.C.					
Principal Place of Business 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236			Mailing Address 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192006 Chg-LLC CR2E083 (11/05) 4. FEI Number 65-1094486	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TOSCH, JOHN E ESQ. 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUCHANAN, VERNON G <input type="checkbox"/> Delete 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VERNON G BUCHANAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 707 S WASHINGTON BLVD SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NARVAEZ, CHRISTOPHER R <input checked="" type="checkbox"/> Delete 707 SO. WASHINGTON BLVD. SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEVE HITEMAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 707 S WASHINGTON BLVD SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS TOSCH, JOHN E <input type="checkbox"/> Delete 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	
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	
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	
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:  J.E.			2-15-06 941 552 4223		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		