


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000050858 |  |
| 1. Entity Name 1099 TOCOBAGA LANE, LC | |

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|---|---|
| Principal Place of Business 3313 OSPREY AVENUE SOUTH SARASOTA, FL 34239 | Mailing Address 4411 BEE RIDGE ROAD PMB # 114 SARASOTA, FL 34233 |
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03022006 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 73-1710554 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JOHN F. COOK, P.A. 2033 WOOD STREET SUITE 220 SARASOTA, FL 34237 |
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IN THIS SPACE**

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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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

000000466470
03/23/06-80014-004 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MENGELBERG, BARBARA 3313 OSPREY AVENUE SOUTH SARASOTA, FL 34239 |
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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.

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|---|-------------------------------------|
| SIGNATURE: <i>Barbara Mengelberg</i> | <i>3.7.06</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |