


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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| DOCUMENT # A02000000778 1. Entity Name CC INVESTORS OF SARASOTA, LTD. |  |
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|---|---|
| Principal Place of Business % JOHN A MORAN 1990 MAIN ST., SUITE 700 SARASOTA, FL 34236 | Mailing Address % JOHN A MORAN 1990 MAIN ST., SUITE 700 SARASOTA, FL 34236 |
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DO NOT WRITE IN THIS SPACE

| | |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent MORAN, JOHN A ESQ. 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | |
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|---------------------------------------|
| DOCUMENT # | L02000013466 |
| NAME | DM OF SRQ, L.L.C. |
| STREET ADDRESS | P.O. BOX 3948, C/O JOHN A. MORAN, ESQ |
| CITY-ST-ZIP | SARASOTA, FL 342303948 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

800074756038
05/17/06--01019--007 **500.00

DO NOT WRITE IN THIS SPACE

1. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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|---|-------------------------------------|
| SIGNATURE:  | 3/3/06 941-366-0115 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date Daytime Phone #</small> |

John A. Moran, Manager

FILED

06 MAY 2006 - PM 03:34 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



03012006 No Chg-LP CR2E003 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 33-1009146 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

STAPLE CHECK HERE