

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A03000000012**

1. Entity Name  
**SARAO, LLLP**



Principal Place of Business  
**2032 HILLVIEW STREET  
SARASOTA, FL 34239**

Mailing Address  
**2032 HILLVIEW STREET  
SARASOTA, FL 34239**



01172007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number

**54-2089691**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236**

**DO NOT WRITE  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**BALLIETT, JOHN W  
2032 HILLVIEW STREET  
SARASOTA, FL 34239**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000604452  
01/29/07-80054-014 508.75

**DO NOT WRITE  
IN THIS SPACE**

14. 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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**John W. Balliett**

Date

**1/18/07**

Daytime Phone #

**941-364-9224**

STAPLE CHECK HERE