

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:34

DOCUMENT # A04000002066	
1. Entity Name SARASOTA BUSINESS PLAZA, L.L.P.	



Principal Place of Business 663 MOURNING DOVE DRIVE SARASOTA, FL 34236	Mailing Address 663 MOURNING DOVE DRIVE SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02222008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2041760	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOALE, JAMES E 2750 RINGLING BLVD., SUITE 3 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name EDWIN A. WEILLER III Street Address (P.O. Box Number is Not Acceptable) 663 MOURNING DOVE DRIVE City SARASOTA FL Zip Code 34236
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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 ROBERT G. HARNES, AUTH. REP. DATE 07/23/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

400127323564
04/30/08--01018--011 **508.75

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L07000071599	STREET ADDRESS	
NAME	SBP-MGP, LLC	CITY-ST-ZIP	
STREET ADDRESS	663 MOURNING DOVE DRIVE		
CITY-ST-ZIP	SARASOTA, FL 34236		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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: ROBERT G. HARNES, AUTH. REP. 07/23/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE