

**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.L.P.



Principal Place of Business  
 663 MOURNING DOVE DRIVE  
 SARASOTA, FL 34236

Mailing Address

663 MOURNING DOVE DRIVE  
 SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02222008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2041760	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOALE, JAMES E  
 2750 RINGLING BLVD., SUITE 3  
 SARASOTA, FL 34237

Name  
 EDWIN A. WEILLER III

Street Address (P.O. Box Number is Not Acceptable)  
 663 MOURNING DOVE DRIVE

City  
 SARASOTA

FL Zip Code  
 34236

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.

04/23/08

DATE

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

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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NAME		CITY-ST-ZIP	
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

SBP - MGP, LLC, GENERAL PARTNER

(941)954-0396

SIGNATURE: *By [Signature]*

ROBERT G. HARNES, AUTH. REP.

04/23/08

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER