


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90205 010 \*\*\*\*50.00

<b>DOCUMENT # L00000000114</b>					
<b>1. Entity Name</b> SARASOTA ENDO INVESTORS, LLC					
<b>Principal Place of Business</b> 3325 S. TAMiami TRAIL SARASOTA, FL 34239 US			<b>Mailing Address</b> 3325 S. TAMiami TRAIL SARASOTA, FL 34239 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0995618	
<b>6. Name and Address of Current Registered Agent</b> BADII, CYRUS M.D. 3325 S. TAMiami TRAIL SARASOTA, FL 34239				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOEWE, CHARLES M.D. 3325 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BADII, CYRUS MD 3325 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHAZANCHI, ARUN MD 7819 MATHERN CT BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAIDEY, ALLEN A 1904 HYDE PRK ST SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAIDEY, ALLEN A 1904 HYDE PRK ST SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAIDEY, ALLEN A 1904 HYDE PRK ST SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAIDEY, ALLEN A 1904 HYDE PRK ST SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAIDEY, ALLEN A 1904 HYDE PRK ST SARASOTA, FL 34239	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



02142007 Chg-LLC CR2E083 (12/06)

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**  
 Applied For  
 Not Applicable

FL Zip Code

02-23-2007