

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000000171

1. Entity Name
CARLTON SARASOTA, L.L.C.



Principal Place of Business
609 EAST JACKSON STREET
SUITE 200
TAMPA, FL 33602

Mailing Address
609 EAST JACKSON STREET
SUITE 200
TAMPA, FL 33602



01112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, R. JAMES JR.
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARLTON, C. DENNIS
STREET ADDRESS	609 E JACKSON ST., #200
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	
NAME	
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CITY-ST-ZIP	

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01/19/07-80029-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the 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 I were the owner of the limited liability company or the receiver or trustee empowered to execute this report as required by the Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

C. Dennis Carlton, Managing Member

01/11/2007

Date

813-221-3700

Daytime Phone #