## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000000171** 

Entity Name

CARLTON SARASOTA, L.L.C.



Principal Place of Business

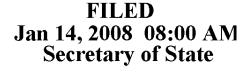
**609 EAST JACKSON STREET** 

SUITE 200 TAMPA, FL 33602 Mailing Address

609 EAST JACKSON STREET

SUITE 200

TAMPA, FL 33602





01032008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		 Applied For
	59-3656642		Not Applicable
5.	Certificate of Status Desired	\$5.0 Fee R	Additional pired

.

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000781897 01/15/08-80052-017 138.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLTON, C. DENNIS 609 E JACKSON ST., #200 TAMPA, FL 33602			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS City-St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the ex-				

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 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.

SIGNATURE:

JRE: Les Fra SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WANAGING MEMBER, OR AUTHORIZED REARESEN

eefPallardy III //9/0

813-221-3)00

Daytime Phone #