


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011413 1. Entry Name M & A OF SARASOTA, LLC	
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Principal Place of Business 4911 SABAL LAKE CIR. SARASOTA, FL 34238	Mailing Address 4911 SABAL LAKE CIR. SARASOTA, FL 34238
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04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1048751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GERA, ALEXANDER 4911 SABAL LAKE CIR. SARASOTA, FL 34238
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**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 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, 2005**

U000000355740
05/04/05-80007-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERA, ALEXANDER 4911 SABAL LAKE CIR. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERANE, MARGIT S DR. 4911 SABAL LAKE CIR. SARASOTA, FL 34238
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alexander Gera* *Margit Gerane* *4/6/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #