

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001503

FILED  
Jan 15, 2005  
Secretary of State

Entity Name: SARASOTA KEY PROPERTIES, L.L.C.

**Current Principal Place of Business:**

606 SOUTH OWL DR.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25473  
SARASOTA, FL 34277

**New Mailing Address:**

FEI Number: 65-1077190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DOERR, KENNETH D  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34234 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DOERR, KENNETH D  
Address: 240 S PINEAPPLE AVE, 10TH FL  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: CULP, STEPHEN C  
Address: 606 S OWL DR  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: TENAERTS, PAMELA  
Address: 606 S OWL DR  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN C CULP

MGRM

01/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date