

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90034 014 ****50.00

DOCUMENT # L01000007237

1. Entity Name

SARASOTA PALMER RANCH HC PARTNERS, LLC

Principal Place of Business

**C/O CAFRITZ INTERESTS, INC.
1660 L STREET, N.W., STE. 600
WASHINGTON DC 20036**

Mailing Address

**C/O CAFRITZ INTERESTS, INC.
1660 L STREET, N.W., STE. 600
WASHINGTON DC 20036**

2. Principal Place of Business

3749 Sarasota Square Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3749 Sarasota Square Blvd.

Suite, Apt. #, etc.

City & State

Sarasota, FL 34238

Zip

Country

USA

City & State

Sarasota, FL 34238

Zip

Country

USA

4. FEI Number

52-2314985

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MYERS, PARKINSON W
C/O AMNED PROPERTIES, LLC
15436 N. FLORIDA AVE., STE. 101
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing Member** ☐ Delete
NAME **Sarasota Palmer Ranch HC Partners,**
STREET ADDRESS **Mgr. LLC**
CITY-ST-ZIP **c/o Cafritz Interests, Inc.**
1660 L Street, N.W., Ste. 600
Washington, DC 20036 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] SIGNATURE REQUIRED

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

3/20/02

Date

(913) 960-1006

Daytime Phone #

CR2E083 (9/01)