

FILED
Apr 13, 2004 8:00 am
Secretary of State

24040956

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|---|--|---|--|---|--|--|--|
| DOCUMENT # L01000007237 | | | |  | | 04-13-2004 90334 011 ****50.00 | |
| 1. Entity Name SARASOTA PALMER RANCH HC PARTNERS, LLC | | | | | | | |
| Principal Place of Business 3749 SARASOTA SQUARE BLVD SARASOTA, FL 34238 | | Mailing Address 15436 N FLORIDA AVE. STE 101 TAMPA, FL 33613 | | | | 24040936 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 01072004 Chg-LLC CR2E083 (10/03) | |
| City & State | | City & State | | | | 4. FEI Number 52-2314983 | |
| Zip | | Country | | Zip | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| MYERS, PARKINSON W C/O AMNED PROPERTIES, LLC 15436 N. FLORIDA AVE., STE. 101 TAMPA, FL 33613 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SARASOTA PALMER RCH HC PTNRS MGR LCC %CAFRTZ INT INC 1660 L ST NW STE 600 WASHINGTON, DC 20036 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 15436 N Florida Ave, Suite 101 Tampa, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <u>W. Parkinson Myers</u> | | | | Date: <u>4/5/04</u> (813) 960-1006 | | | |