

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90034 043 \*\*\*\*50.00

<b>DOCUMENT # L01000007237</b>					
<b>1. Entity Name</b> SARASOTA PALMER RANCH HC PARTNERS, LLC					
<b>Principal Place of Business</b> 3749 SARASOTA SQUARE BLVD SARASOTA, FL 34238			<b>Mailing Address</b> 15436 N FLORIDA AVE. STE 101 TAMPA, FL 33613		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2908 Bay to Bay Blvd.			
Suite, Apt. #, etc.		Suite 200			
City & State		Tampa, FL			
Zip	Country	Zip	Country	02252005    Chg.-LLC    CR2E083 (10/03)	
33629	USA	<b>4. FEI Number</b> 52-2314983		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b>	
MYERS, PARKINSON W C/O AMNED PROPERTIES, LLC 15436 N. FLORIDA AVE., STE. 101 TAMPA, FL 33613				<b>7. Name and Address of New Registered Agent</b>	
Name				Arcis Investments, Inc.	
Street Address (P.O. Box Number is Not Acceptable)				2908 Bay to Bay Blvd.	
Suite				Suite 200	
City				FL	Zip Code
Tampa				33629	
<b>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.</b>					
SIGNATURE: <i>Krist Kennedy Shonaka</i>				DATE: 4/15/05	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGRM	<b>NAME</b> SARASOTA PALMER RCH HC PTNRS MGR LLC		<b>TITLE</b> MGRM	<b>NAME</b> Sarasota Palmer Rch HC PTNRS MGR LLC	
<b>STREET ADDRESS</b> 15436 N FLORIDA AVE, SUITE 101	<b>CITY-ST-ZIP</b> TAMPA, FL 33613		<b>STREET ADDRESS</b> 2908 Bay to Bay Blvd. Suite 200	<b>CITY-ST-ZIP</b> Tampa, FL 33629	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME			<b>TITLE</b> NAME		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME			<b>TITLE</b> NAME		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME			<b>TITLE</b> NAME		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME			<b>TITLE</b> NAME		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Krist Kennedy Shonaka</i>				4/15/05    8138052110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date    Daytime Phone #	