

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90749 014 \*\*\*\*\*50.00

0041601

**DOCUMENT # L01000007237**

1. Entity Name

**SARASOTA PALMER RANCH HC PARTNERS, LLC**



Principal Place of Business

**3749 SARASOTA SQUARE BLVD  
SARASOTA FL 34238**

Mailing Address

**3749 SARASOTA SQUARE BLVD  
SARASOTA FL 34238**

2. Principal Place of Business

3. Mailing Address

**15436 N. FLORIDA AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 101**

City & State

City & State

**TAMPA FL**

Zip

Country

Zip

Country

**33613**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2314983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
<b>MGRM SARASOTA PALMER RCH HC PTNRS MGR LCC %CAFRITZ INT INC 1660 L ST NW STE 600 WASHINGTON DC 20036</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**W. Parkinson Myers 4/3/03 (813) 960-1006**

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

Date

Daytime Phone #

CR2E083 (10/02)