

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90207 041 \*\*\*\*50.00

**DOCUMENT # L01000013591**



1. Entity Name  
**FLOYD STREET PROPERTIES, LLC**

Principal Place of Business      Mailing Address  
 1901 FLOYD STREET      1901 FLOYD STREET  
 SARASOTA, FL 34239      SARASOTA, FL 34239

24002010



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01132004    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-1129281**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SILVERSTEIN, HERBERT M.D.**  
~~1901 FLOYD STREET~~ **1901 Floyd St**  
~~SUITE A&D~~  
**SARASOTA, FL 34239**

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. 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVERTEIN, HERBERT MD <del>1901 FLOYD STREET</del> SARASOTA, FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSENBERG, SETH I MD <del>1901 FLOYD STREET</del> SARASOTA, FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	  <b>1901 Floyd St.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	  <b>1901 Floyd St</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <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:** \_\_\_\_\_ **1/19/04 941-365-1397**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #