


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000015362</b> 1. Entity Name <b>COAST SARASOTA CROSSINGS, P.L.</b>	
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Principal Place of Business <b>5425 FRUITVILLE ROAD, SUITE 16 SARASOTA, FL 34232</b>	Mailing Address <b>2502 N ROCKY POINT DR 1000 TAMPA, FL 33607</b>
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07162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1126607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>HULE, PATRICIA ESQ. 2502 N ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Patricia Hule* DATE: 7.23.07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COAST DENTAL SERVICES, P.A. 2501 ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZOV, INC 4519 CHERRYBACK CT SARASOTA, FL 34241
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<p>U000000773161 09/31/07-80003-008 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia Hule* Date: 7/17/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE