2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000022390

Entity Name

SARÁSOTA COMMERCE PARK, LLC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAY -1 AM 9: 15

Principal Place of Business

12002 MIRAMAR PARKWAY MIRAMAR, FL 33025 Mailing Address

12002 MIRAMAR PARKWAY MIRAMAR, FL 33025



01062006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	30-0008 <u>40</u> 4	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, DAVID M 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025

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WIRMWAN, FE 33025		IN THIS SPACE
8. The above the obliga	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
F	iling Fee is \$50.00 lue by May 1, 2006	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGRM HOWELL, DAVID M	
STREET ADDRESS	12002 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		
NAME		500074150655 05/08/0601016019 **100.00
STREET ADDRESS		62302302-81019 of 1
CITY-ST-ZIP		
TITLE NAME		
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	j	
NAME STREET ADDRESS		
CONTEST ADDITION	1	

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: L

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DEVICED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-19-06

Date

Daytime Phone #