
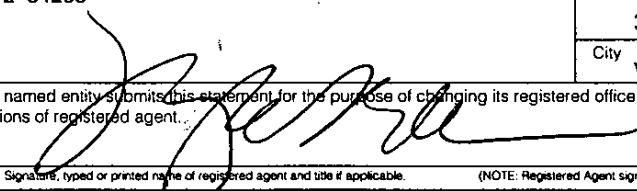
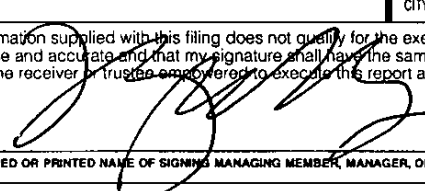


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90022 033 \*\*\*138.75

<b>DOCUMENT # L02000002969</b> 1. Entity Name <b>SORRENTO CAY INVESTOR, LLC</b>					
Principal Place of Business <b>333 S TAMiami TRAIL STE 101 VENICE, FL 34285</b>			Mailing Address <b>333 S TAMiami TRAIL STE 101 VENICE, FL 34285</b>		
2. Principal Place of Business - No P.O. Box # <b>333 South Tamiami Trail</b> Suite, Apt. #, etc. <b>Suite 203</b>		3. Mailing Address <b>333 South Tamiami Trail</b> Suite, Apt. #, etc. <b>Suite 203</b>			
City & State <b>Venice, FL</b>		City & State <b>Venice, FL</b>		4. FEI Number <b>32-0085037</b>	
Zip <b>34285</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 VENICE, FL 34285</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>333 South Tamiami Trail, Suite 203</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34285</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.					
SIGNATURE  DATE <b>5/1/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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:  DATE <b>5/1/08</b> DAYTIME PHONE # <b>941/441 1651</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					