

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90079 037 ****50.00

DOCUMENT # L02000002971



1. Entity Name
SORRENTO CAY GROUP, LLC

Principal Place of Business
**395 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

Mailing Address
**395 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

24061164



2. Principal Place of Business
333 S. Tamiami Trail

3. Mailing Address
333 S. Tamiami Trail

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

01152004 Chg-LLC CR2E083 (10/03)

City & State
Venice, FL

City & State
Venice, FL

4. FEI Number
01-0591033

Applied For
Not Applicable

Zip
34285

Country

Zip
34285

Country

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

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL W
395 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
**PDT
MILLER, MICHAEL W
333 S. TAMIAMII TRAIL, SUITE 101
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILLER, TIM
333 S. TAMIAMII TRAIL, SUITE 101
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
PARRISH, JAYNE
333 S. TAMIAMII TRAIL, SUITE 101
VENICE, FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

4/27/04

Date

941-441-1380

Daytime Phone #