

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90037 030 \*\*\*\*50.00

**DOCUMENT # L02000012694**

1. Entity Name  
**SARASOTA MAIN STREET, L.L.C.**



Principal Place of Business  
**118 W. ADAMS ST., SUITE 700  
JACKSONVILLE, FL 32202**

Mailing Address  
**118 W. ADAMS ST., SUITE 700  
JACKSONVILLE, FL 32202**

**20019771**



2. Principal Place of Business  
**1310 MAIN STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**1310 MAIN STREET**  
Suite, Apt. #, etc.

03022005 Chg-LLC CR2E083 (10/03)

City & State  
**SARASOTA FLORIDA**  
Zip **34236** Country **SARASOTA**

City & State  
**SARASOTA FLORIDA**  
Zip **34236** Country **SARASOTA**

4. FEI Number  
**03-0459949** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANGTON, MICHAEL  
4224 ST. JOHNS AVE.  
JACKSONVILLE, FL 32210**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**118 W. ADAMS ST., SUITE 700**  
City **FL** Zip Code **32202**

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, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SARASOTA MAIN STREET HOLDINGS, L.L.C.  
4224 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32210** ☐ 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

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  
**1310 MAIN STREET  
SARASOTA FLORIDA 34236** ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

**Christopher J. Brown 2/4/05 941-955-1350**

Date

Daytime Phone #