


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90157 018 \*\*\*\*50.00

<b>DOCUMENT # L02000012694</b>	
1. Entity Name <b>SARASOTA MAIN STREET, L.L.C.</b>	

Principal Place of Business <b>4224 ST. JOHNS AVE. JACKSONVILLE FL 32210</b>	Mailing Address <b>4224 ST. JOHNS AVE. JACKSONVILLE FL 32210</b>
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2. Principal Place of Business <b>118 W ADAMS ST SUITE 700 JACKSONVILLE FL</b>	3. Mailing Address <b>118 W ADAMS ST SUITE 700 JACKSONVILLE FL</b>
4. FEI Number <b>03-0459949</b>	Applied For <input type="checkbox"/> Not Applicable



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>LANGTON, MICHAEL 4224 ST. JOHNS AVE. JACKSONVILLE FL 32210</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2003</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LB JAX DEVELOPMENT, L.L.C. 4224 ST. JOHNS AVE. JACKSONVILLE FL 32210</b> <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	<b>MGRM SOUTHCOAST PARTNERS, INC. 99 S.E. MIZNER BOULEVARD BOCA RATON FL 33432</b> <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
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 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: <b>SIGNATURE</b>	Date: <b>3/3/03</b>	Daytime Phone #: <b>904-598-1368</b>
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CR2E083 (10/02)