

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90038 042 ***138.75

60029833



04232008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000013504 1. Entity Name COURTHOUSE CENTRE OF SRQ, L.L.C.																													
Principal Place of Business C/O JOHN A. MORAN c/o Gary Kauffman 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236 US				Mailing Address 111 S OSPREY AVE STE 1 SARASOTA, FL 34236																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address c/o Gary Kauffman 1990 Main Street, Ste. 700		4. FEI Number 03-0454610 Applied For <input type="checkbox"/> Not Applicable																									
City & State Zip		City & State Zip																											
Country Zip 34236		Country USA																											
6. Name and Address of Current Registered Agent KAUFFMAN, GARY ESQ 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name John D. Macaskill Street Address (P.O. Box Number is Not Acceptable) same City same FL Zip Code same																									
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 <u><i>John D. Macaskill</i></u> DATE <u>3/23/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KAUFFMAN, MARK S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1990 MAIN STREET SUITE 700</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	KAUFFMAN, MARK S		STREET ADDRESS	1990 MAIN STREET SUITE 700		CITY-ST-ZIP	SARASOTA, FL 34236		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Macaskill, John D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1990 Main Street, Ste 700</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Sarasota, FL 34236</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Macaskill, John D.		STREET ADDRESS	1990 Main Street, Ste 700		CITY-ST-ZIP	Sarasota, FL 34236	
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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: <u><i>John D. Macaskill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>3/23/08</u> Daytime Phone # <u>941-366 0115</u>																									

John D. Macaskill, Manager