2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90267 026 ****50.00

DOCUMENT # L02000015711

1. Entity Name
PODS OF SARASOTA, L.L.C.

Principal Place of Business	Mailing Address
1401 MANATEE AVE W, STE 510 STE 500 BRADENTON, FL 34205 US	1401 MANATEE AVE W, STE 510 STE 500 BRADENTON, FL 34205 US

03032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1401 Manatee Ave West		Same	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc.	
City & State Bradenton FL		City & State	
Zip 34205	Country USA	Zip	Country

4. FEI Number 02-0627581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNEBY, MARK B ESQUIRE 1301 6TH AVE W STE 401 BRADENTON, FL 34205	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 ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINING, C. TIMOTHY 1401 MANATEE AVE W, STE 510 BRADENTON, FL 34205 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Vining, C. Timothy 1401 Manatee Ave West Suite 500 Bradenton FL 34205 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: ________________ 3-14-06 (941) 708-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #