## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED

AME OF SIGNING MAN

## **Secretary of State DOCUMENT # L02000020250** 07-06-2004 90155 018 \*\*\*\*50.00 THE SIGNATURE GROUP OF SARASOTA, L.L.C. Principal Place of Business Mailing Address 14024783 379 INTERSTATE BLVD. 379 INTERSTATE BLVD. SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 82-0556182 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REINICKE, STEPHANIE A ESQUIRE 1800 SECOND STREET, SUITE 803 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City 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 5 Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM 🔀 Change TITLE TITLE ☐ Delete ☐ Addition PUFHA, JOSEPH PUFTA, JOSEPH .... NAME 379 INTERSTATE BIVD. STREET ADDRESS 920 NORTH TÄMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-7IP SARA-SOLA, Fl. 34240 Change ☐ Delete TITLE *ጣፁ*ጵ/៕ ☐ Addition TITLE Bailey Steven L. 379 Interstate Blud BAILEY, STEVEN L NAME NAME STREET ADDRESS 920 NORTH TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZiP SARASOTA, FL 34243 CITY-ST-ZIP SAZASOTA, Fl. 34240 MGRM TITLE TITLE Change Addition ☐ Delete NAME. PENNOCK, DONALD NĂMĒ STREET ADDRESS 920 NORTH TAMIAMI TRAIL STREET ADDRESS CITY-ST-71P SARASOTA FL 34243 CITY-ST-7IF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete 🗆 کد 🤄 TITLE Addition TITLE NAMEDITOR CON. NAME SSE BSDP KC 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 truegee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 06, 2004 8:00 am

Daytime Phone #