

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90109 009 ****50.00

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07062005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000034418					
1. Entity Name SAVANNAH ASSOCIATES OF SARASOTA, L.L.C.					
Principal Place of Business C/O JOHN A. MORAN 22 SOUTH LINKS AVE. SUITE 300 SARASOTA, FL 34236			Mailing Address C/O JOHN A. MORAN 22 SOUTH LINKS AVE. SUITE 300 SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-3669801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORAN, JOHN A C/O DUNLAP & MORAN, P.A. 22 SOUTH LINKS AVE. SUITE 300 SARASOTA, FL 34236			Name John A. Moran		
			Street Address (P.O. Box Number is Not Acceptable) C/O Dunlap & Moran, P.A.		
			1990 Main Street, Suite 700		
			City SARASOTA		FL Zip Code 34236

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 Address change only 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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MACASKILL, LINDA S 4055 MACEACHEN BLVD. SARASOTA, FL 34239	<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
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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: Linda Sue Macaskill Date 7/8/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE