LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L03000001356



'03 MAY 20 PM 1: 30

SARASOTA 70/75 HOLDINGS, LLC					SECRETARYION TALLAHASSEE		30066496
		in thes	PAG	E .			
2. Principal P	3. Mailing Address 243 WEST PARK	CAVE	To be the second se	•		•	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200			DO NOT WRITE IN THIS SPACE		
City & State WINTER PARK, FL		City & State WINTER PARK, FL			4. FEI Number Applied For		
			Country		13-4232622	•	Not Applicable 5.00 Additional
32789		32789	Description		5. Certificate of Status Desired	LI F	e Required
					7. Name and Address of Currer STATE REGISTERED		
CONTROL OF THE CONTRO				Street Address (P.O. Box Number is Not Acceptable)			
CLAPSE IN THIS SPACE.				200 SOUTH ORANGE AVENUE SUITE 2600			
				City ORLAND	00	FL	Zlp Code 32801
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 .	Signature, typed or printed name of registered agent an		- 14515	150.00	1/95346/256	DATE	
9.	MANAGING MEMBER	Colorane apydi	one.	onds Oepaninen MAY(1)	dol/State		
TITLE		S/MANUGERS	timu				8
NAME STREET ADDRESS CITY-ST-ZIP	243 WEST PARK AVENUE WINTER PARK, FL 32789	-	A ME	i kones 141 172 s. 211			100 (12/02)
TITLE NAME STREET ADORESS CITY-S1-ZIP			1	TADOES TO			CR2E083B
TITUE						Na la N	
NAME Street Address	-		KAME	TACOPESS			
CITY - ST-ZIP	L		12-7-12	sidat dala	DONOT	WKU	
TITLE NAME STREET ADDRESS CITY - 5T - ZIP	,		STREET	## 12 1915.	- IN THIS	SPACE	
TITLE NAME STREET ADDRESS			70,34	TABLES 1			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				SI 112 TO THE STATE OF THE STAT			
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 3/11/03 407-461-1452 SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNAND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Prome 5							