

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90047 016 ****50.00

DOCUMENT # L03000001606	
1. Entity Name SAUNDERS FAMILY ASSET MANAGEMENT, LLC	

Principal Place of Business 100 S. WASHINGTON BLVD. SARASOTA, FL 34236	Mailing Address 100 S. WASHINGTON BLVD. SARASOTA, FL 34236
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20028600



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02212005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	
GREGORIA, RIC 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	

7. Name and Address of New Registered Agent	
Name Paula Rees	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 100 S. Washington Blvd	
City Sarasota	FL Zip Code 34231

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 Paula Rees	DATE 02-21-05
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL SAUNDERS & COMPANY 100 S. WASHINGTON BLVD. SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael Saunders	Date: 2-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	