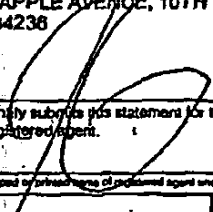
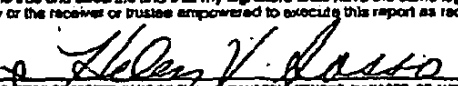


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 16, 2004 8:00 am
Secretary of State

04-28-2004 90076 048 ****50.00

DOCUMENT # L03000002291																																															
1. Entity Name SARASOTA RITZ MANAGEMENT, L.L.C.																																															
Principal Place of Business C/O GEORGE H. MAZZARANTANI 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236			Mailing Address C/O GEORGE H. MAZZARANTANI 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236																																												
2. Principal Place of Business c/o George H. Mazzarantani			3. Mailing Address George H. Mazzarantani, P.A.																																												
Suite, Apt. #, etc. 777 South Palm Avenue,			Suite, Apt. #, etc. Suite 2																																												
City & State Sarasota, FL 34236			City & State Sarasota, FL 34236																																												
Zip 34236		Country USA		4. FEI Number 82-0583540																																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																											
6. Name and Address of Current Registered Agent MAZZARANTANI, GEORGE H 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236																																															
7. Name and Address of New Registered Agent George H. Mazzarantani, Esq. George H. Mazzarantani, P.A. Street Address (P.O. Box Number is Not Acceptable) 777 S. Palm Avenue, Suite 2 City Sarasota FL 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  DATE 4/23/04 Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when withdrawing)																																															
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to: Florida Department of State																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Helen V. Sosso, Managing 3626 Fair Oaks Place Member Longboat Key, FL 34228</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helen V. Sosso, Managing 3626 Fair Oaks Place Member Longboat Key, FL 34228	☐ 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	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	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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4/23/04 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																															

34008688



04232004 Chg-LLC CR2E083 (10/03)



LAW OFFICES OF

George H. Mazzarantani

A PROFESSIONAL ASSOCIATION

Kodra Professional Center
777 South Palm Avenue, Suite 2
Sarasota, FL 34236

Phone: (941) 954-6000
Fax: (941) 953-8220
Email: gmazzarantani@comcast.net

Attachment 34008688
L03000002291

June 14, 2004

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Revised Annual Report

Dear Sir or Madam:

Enclosed please find a revised **2004 Limited Liability Company Annual Report** for Sarasota Ritz Management, L.L.C. As a member of your staff indicated, I have included only the managing member and her title. If I can be of further assistance, please do not hesitate to contact me at (941) 954-6000.

Very truly yours,

**Law Offices of
GEORGE H. MAZZARANTANI, P.A.**

Burton M. Romanoff, Esquire
For The Firm

Attachment