


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 029 ****50.00

DOCUMENT # L03000002291		
1. Entity Name SARASOTA RITZ MANAGEMENT, L.L.C.		

Principal Place of Business C/O GEORGE H. MAZZARANTANI 777 SOUTH PALM AVENUE, SUITE 2 SARASOTA, FL 34236	Mailing Address C/O GEORGE H. MAZZARANTANI 777 SOUTH PALM AVENUE, SUITE 2 SARASOTA, FL 34236
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20038022

2. Principal Place of Business 3626 Fair Oaks Place	3. Mailing Address 3626 Fair Oaks Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Longboat Key, FL	City & State Longboat Key, FL
Zip 34228	Country USA



03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 82-0583540	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MAZZARANTANI, GEORGE H 777 SOUTH PALM AVENUE, SUITE 2 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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 SOSSO, HELEN V 3626 FAIR OAKS PALCE LONGBOT KEY, FL 34228 <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: <i>Helen V. Sasso</i>	<i>4/14/05</i>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			