

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013121**

**1. Entity Name**  
**SIRROM MANAGEMENT, LLC**



**Principal Place of Business**  
**2801 FRUITVILLE ROAD, SUITE 100**  
**SARASOTA, FL 34237**

**Mailing Address**  
**2801 FRUITVILLE ROAD, SUITE 100**  
**SARASOTA, FL 34237**



03292005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**51-0462669**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HRIC, MICHAEL**  
**2801 FRUITVILLE ROAD, SUITE 100**  
**SARASOTA, FL 34237**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

1100000321017  
04/21/05-80062-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**MORRIS, PAMELA M**  
**2272 WASON ROAD**  
**SARASOTA, FL 34231**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

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IN THIS SPACE**

**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:**

*Pamela M. Morris*

*4/18/05*

*941-342-7687*

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

**Date**

**Daytime Phone #**