


# 2008 LIMITED LIABILITY COMPANY- ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000013121</b> 1. Entity Name <b>SIRROM MANAGEMENT, LLC</b>	
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Principal Place of Business <b>1800 2ND ST SUITE 901 SARASOTA, FL 34236</b>	Mailing Address <b>1800 2ND ST SUITE 901 SARASOTA, FL 34236</b>
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04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>51-0462669</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HRIC, MICHAEL 1800 2ND ST SUITE 901 SARASOTA, FL 34236</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 05/05/08  
05/05/08-80011-023 138.75

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MORRIS, PAMELA M 1211 QUAIL RUN TRAIL SARASOTA, FL 34232</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/16/08 941-342-7687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #