
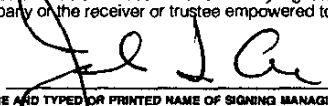


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 027 *****55.00

DOCUMENT # L03000014339					
1. Entity Name BIG POND SARASOTA PROPERTIES, LLC					
Principal Place of Business 1410 RIDGE ROAD NORTH HABEN, CT 06473			Mailing Address 1410 RIDGE ROAD NORTH HABEN, CT 06473		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 43-2014161	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COX, JEREMY T 1925 WASHINGTON AVE #24 MIAMI BEACH, FL 33139			Name JEREMY T. COX Street Address (P.O. Box Number is Not Acceptable) 1571 PENNSYLVANIA AVE # 45 City MIAMI BEACH FL Zip Code 33139		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	
		MANAGING MEMBER MGRM JOHN T. COX 1410 RIDGE RD NORTH HABEN, CT, 06473			
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: 		Date: 4/15/04		Daytime Phone #: 203 288 6312	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					