## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000015420

Entity Name: MANATEE 701 PARTNERS, LLC

FILED Jan 24, 2005 Secretary of State

a (B) : IBI (B) :	
Current Principal Place of Business:	New Principal Place of Business:

2010 59TH ST W. STE 3500 701 MANATEE AVE W BRADENTON, FL 34209 SUITE 202

BRADENTON FL 34205

**Current Mailing Address: New Mailing Address:** 

2010 59TH ST W. STE 3500 701 MANATEE AVE W BRADENTON, FL 34209 SUITE 202

BRADENTON, FL 34205

FEI Number: 05-0567031 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLALOCK, LANDERS, WALTERS & VOGLER, PA 802 11TH ST. WEST BRADENTON, FL 34205 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GRENIER, MARC MD Name: Name: 3812 RIVERVIEW BLVD. W Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition GURUCHARRI, MICHAEL MD Name: Name: Address: 707 58TH ST NW Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HOBAN, BRIAN MD Name: Name: Address: PO BOX 14032 Address: City-St-Zip: BRADENTON, FL 34280 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: KALATHIA, AXAY MD Name: 6422 BLUE GROSBEAK CIR Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MORRISH, THOMAS MD Name: Name: 3500 RIVERVIEW BLVD W Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NALL, AGNES MD Name: Name: Address: 1945 LINCOLN DRIVE Address: SARASOTA, FL 34236 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HAZEL FORD **MGRM** 01/24/2005