## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000018839

1. Entity Name LOFT OF SARASOTA, L.L.C.

FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237 Mailing Address

2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237



 $\Box$ 

01092007No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	65-1191072

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

VENABLE, JOSEPH P 1400 4TH AVENUE WEST BRADENTON, FL 34205

## DO NOT WRITE IN THIS SPACE

	,	IN I	HIS SPACE
	e named entity submits this statement for the purpose of char tions of registered agent.	ging its registered office or registered agent, or both	n, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 tue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVOLTA, PIERO 215 ROBIN DRIVE SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000685708 04/09/07-80016-016 50.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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:

CITY-ST-ZIP

PIERO RIUOLTA

3/22/07

1419540355

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

Date

Daytime Phone #