

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90069 018 \*\*\*\*55.00

**DOCUMENT # L03000025274**

1. Entity Name  
CIVIX SARASOTA GC, L.L.C.



Principal Place of Business  
2033 MAIN STREET, SUITE 104  
SARASOTA, FL 34237

Mailing Address  
2033 MAIN STREET, SUITE 104  
SARASOTA, FL 34237

**24057333**



2. Principal Place of Business  
**7518 Albert Tillinghast**

3. Mailing Address  
**7518 Albert Tillinghast**

Suite, Apt. #, etc. **Drive**

Suite, Apt. #, etc. **Drive**

04262004 Chg-LLC CR2E083 (10/03)

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

4. FEI Number Applied For  
**XX** Not Applicable

Zip  
**34240**

Country  
**USA**

Zip  
**34240**

Country  
**USA**

5. Certificate of Status Desired - **XX** \$5.00 Additional Fee Required

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

**7. Name and Address of New Registered Agent**

CHAPNICK, BRUCE P ESQ.  
C/O ICARD, MERRILL, ET AL  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGR  
Wallace R. Devlin  
7518 Albert Tillinghast Drive  
Sarasota, FL 34240**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

**4-26-04 941-342-8101**

Date

Daytime Phone #