

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90069 016 ****50.00

DOCUMENT # L03000030092

1. Entity Name
A&G PROPERTIES OF SARASOTA, LLC



Principal Place of Business
**6732 69TH ST. EAST
BRADENTON, FL 34203**

Mailing Address
**6732 69TH ST. EAST
BRADENTON, FL 34203**

24086103

2. Principal Place of Business
4904 PEREGRINE PT WAY
Suite, Apt. #, etc.

3. Mailing Address
4904 PEREGRINE PT WAY
Suite, Apt. #, etc.

09172004 Chg-LLC CR2E083 (10/03)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
20-0151085

Applied For
Not Applicable

Zip
34231

Country
U.S.

Zip
34231

Country
U.S.

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

6. Name and Address of Current Registered Agent

**CURRIN, PETER T
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
S. JAMES GOLDMAN
4904 PEREGRINE PT WAY
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
ANDERSON GROUP OF SARASOTA, LLC
5053 OCEAN BLVD., SUITE 250
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
DR. RICHARD H. BROWN
5326 GIESTA CAY DR
SARASOTA FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
MITCHELL B. OLAN
5028 GIESTA CAY DR
SARASOTA FL 34242**

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

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

S. JAMES GOLDMAN, MGRM

Date

10/4/04

Daytime Phone #

941

966-2999