2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000031139

1. Entity Name PANTALEON - SARASOTA, LLC



FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90027 031 ****50.00

Mailing Address 14522 UNIVERSITY Po TAMPA, FL 33613	14522 UNIVERSITY POINT PLACE		20050019				
3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1				
City & State	City & State				CR2E0		oplied For
	,					<u> </u>	ot Applicable
Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
rent Registered Agent		Name	7. Name and	Address of New R	egistered /	Agent	
LANIGAN, DAVID C JD, LLM C/O DAVID LANIGAN, P.A. 10927 N. 56TH STREET		Street Address (P.O. Box Number is Not Acceptable)					
		City			FL	Zip Cod	e
nt for the purpose of changing it	ts registered	office or register	ed agent, or bo	th, in the State of Fic	orida. I am i	amiliar with,	and accept
A AND Mary Market	TE Builder				0.75		
agent and trile « applicable. (NO	TE. Hegistered Aç	gent signature required	when reinstating)		UAIE		
550.00 , 2005			Make check payable to Florida Department of State				
MBERS/MANAGERS	10.			ADDITIONS /	CHANGES		
LUPO, ROBERT C DR. 14522 UNIVERSITY POINT PLACE NAM		1	ŧ			☐ Change	☐ Addition
NAM STR		- 1				Change	Addition
☐ Delete TITL NAM STR		ADDRESS				☐ Change	Addition
☐ Delete		II				☐ Change	Addition
☐ Delete		l l		alle de la companya d		☐ Change	Addition
☐ Delete	CITY-ST	I-ZIP				☐ Change	Addition
	14522 UNIVERSITY P TAMPA, FL 33613 3. Mailing Address Suite, Apt. #, etc. City & State Zip rent Registered Agent agent and title # applicable. (NC MBERS/MANAGERS Delete Delete Delete Delete	14522 UNIVERSITY POINT PLACE TAMPA, FL 33613 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country rent Registered Agent Int for the purpose of changing its registered agent and title it applicable. (NOTE Registered ASTREET CITY-S) Delete TITLE NAME STREET CITY-S Delete TITLE NAME STREET CITY-S	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country rent Registered Agent Name Street Address (City Int for the purpose of changing its registered office or register agent and title & applicable. (NOTE Registered Agent signature required (NOTE Registered Agent signature required TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	3. Mailing Address Suite, Apt. #, etc. O4212005 City & State City & State City The Purpose of Changing its registered office or registered agent, or bo Street Address (P.O. Box Numb City Other of the purpose of changing its registered office or registered agent, or bo Repeated Agent and the X applicable. (NOTE Registered Agent alignature required when rematising) MBERS/MANAGERS 10. Delete Title NAME STREET ADDRESS CITY-ST-ZIP	14522 UNIVERSITY POINT PLACE TAMPA, FL 33613 200500	3. Mailing Address Suite, Apt. #, etc. O4212005 Chg-LLC CR2E0 City & State Name Street Address (P.O. Box Number is Not Acceptable) City City FL Int for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I amily and the 1 applicable. (NOTE Registered Agent sine of the 1 applicable) Make check priorida Departm Make Check priorida Departm Make Check priorida Departm Delate Int. NAME SIRET ADDRESS CITY-51-2IP Delate TITLE NAME SIRET ADDRESS CITY-51-2IP	14.522 UNIVERSITY POINT PLACE TAMPA, FL 33613 3. Mailing Address Suite, Apt. 6. etc. O4212005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-0170735 Na

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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