## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L03000038787

1. Entity Name 100 NORTH WASHINGTON, LLC



Principal Place of Business

100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236 Mailing Address

100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236

### FILED May 03, 2006 8:00 am Secretary of State

05-03-2006 90038 035 \*\*\*\*50.00

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01102006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | FEI Number |         |                                   | Applied For    |
|----------------------------------|------------|---------|-----------------------------------|----------------|
| - <del>20-0297677</del> -        | 90 -       | 0153443 |                                   | Not Applicable |
| 5. Certificate of Status Desired |            |         | \$5.00 Additional<br>Fee Regulred |                |

#### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALERMO, GEORGE L 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236

# DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol> |                                                                                                                                                                                                |                                                                                                                                                                                                            |                                                                                  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|--|
| SIGNATURE.                                                                                                                                                                                                                                     | Signature, typed or printed name of registered agent and title if applicable.                                                                                                                  | (NOTE: Registered Agent signature required when relinstating)                                                                                                                                              | DATE                                                                             |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                            |                                                                                  |  |  |  |
| 9.                                                                                                                                                                                                                                             | MANAGING MEMBERS/MANAGERS                                                                                                                                                                      |                                                                                                                                                                                                            |                                                                                  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                          | MGR<br>PALERMO, GEORGE<br>100 N. WASHINGTON BLVD. STE 301<br>SARASOTA, FL 34236                                                                                                                |                                                                                                                                                                                                            |                                                                                  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                          | MGR<br>NICHOLS, DIANE<br>100 N. WASHINGTON BLVD STE 301<br>SARASOTA, FL 34236                                                                                                                  |                                                                                                                                                                                                            | •                                                                                |  |  |  |
| TITLE HAME STREET ADDRESS CITY-SI-ZEP                                                                                                                                                                                                          |                                                                                                                                                                                                | DO NOT                                                                                                                                                                                                     | WRITE                                                                            |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                          |                                                                                                                                                                                                | IN THIS S                                                                                                                                                                                                  | SPACE                                                                            |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                            | ·                                                                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                            | ·                                                                                |  |  |  |
| 11. I hereby indicated limited lia                                                                                                                                                                                                             | certify that the information supplied with this filling does not<br>on this report is true and accurate and that my signature s<br>billity company or the receiver or trusted empowered to exe | qualify for the exemptions contained in Chapter 119. Florida Statu<br>half have the same legal effect as if made under oath; that I am a<br>dute this report as required by Chapter 608, Florida Statutes. | ites. I further certify that the information a managing member or manager of the |  |  |  |