2007 LIMITED LIABILITY COMPANY: ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000038787

1. Entity Name

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE:

100 NORTH WASHINGTON, LLC



FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0153443 Applied For Not Applicable

5: Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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		IN	THIS SPACE	
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	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALERMO, GEORGE 100 N. WASHINGTON BLVD. STE 301 SARASOTA, FL 34236		U00000643582	
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR NICHOLS, DIANE 100 N. WASHINGTON BLVD STE 301 SARASOTA, FL 34236		03/02/07-80008-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME Street Address City-St-Zip		IN	THIS SPACE	

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 empoyared to execute this report as required by Chapter 608, Florida Statutes.

/ 2-20-07

941 365-7777

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

Date

Daytime Phone #