


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-03-2006 90038 046 ****50.00

DOCUMENT # L03000038951 1. Entity Name 320 EAST RAILROAD, LLC	
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Principal Place of Business 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236	Mailing Address 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0297972 90-0153436	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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**

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.

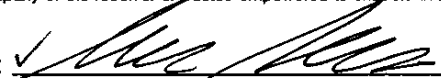
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALERMO, GEORGE 100 N. WASHINGTON BLVD. STE 301 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NICHOLS, DIANE 100 N. WASHINGTON BLVD. STE 301 SARASOTA, FL 34236
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**DO NOT WRITE
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/25/06 (941)365-7777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #