


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044574</b>		
1. Entity Name <b>SARASOTA PALMS PLAZA, LLC</b>		
Principal Place of Business <b>6700 CONROY-WINDERMERE ROAD, SUITE 23 ORLANDO FL 32835</b>		Mailing Address <b>6700 CONROY-WINDERMERE ROAD, SUITE 23 ORLANDO FL 32835</b>



1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>20-0436294</b>		Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent  <b>OSWALD, DOUGLAS W 600 COURTLAND STREET, SUITE 110 ORLANDO FL 32804</b>		7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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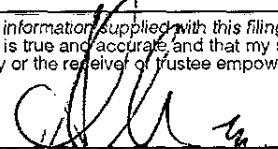
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RETAIL DEVELOPMENT SPECIALISTS, LLC 6700 CONROY-WINDERMERE ROAD, SUITE 230 ORLANDO FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000255410 03/08/05-80014-003 50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Alan C. Charron** 33-05407291-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #