2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90125 012 ****50.00

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1. Entity Name
SARASOTA LIFE EXTENSION INSTITUTE, LLC

Principal Place of Business	Mailing Address
~~1991 HYDE PARK STREET~~	~~1991 HYDE PARK STREET~~
~~SARASOTA, FL 34239~~	~~SARASOTA, FL 34239~~

20053389

2. Principal Place of Business	3. Mailing Address
4901 Clark Rd	4901 Clark Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Sarasota, FL	Sarasota, FL
Zip 34233 / Country	Zip 34233 / Country

03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0519176 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECHTOLD, DANIEL A 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 remaining) DATE

Filing Fee Is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	STENGER, VINCENT G M.D.	NAME	
STREET ADDRESS	1991 HYDE PARK STREET	STREET ADDRESS	4901 Clark Rd
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	Sarasota, FL 34233
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Vincent G Stenger X 3/28/05 X941-927-1766

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