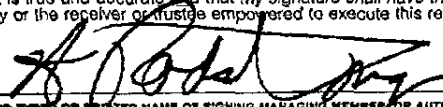


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022490 1. Entity Name SARASOTA PALMS, LLC		
Principal Place of Business 444 BRICKELL AVE SUITE 729 MIAMI, FL 33130 US	Mailing Address 444 BRICKELL AVE SUITE 729 MIAMI, FL 33130 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHWARTZ, GERALD K 1111 LINCOLN ROAD, SUITE 400 C/O BELOFF & SCHWARTZ MIAMI BEACH, FL 33139		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 _____ Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-appointing)		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR HJR PROPERTIES INC 444 BRICKELL AVE SUITE 729 MIAMI, FL 33130	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		3/14/05 305-729-9922 Date Daytime Phone #



03162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1049538

Applied For
☐ Not Applicable

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

UD00000475006
04/04/06-30046-012 50.00

**DO NOT WRITE
IN THIS SPACE**