

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90394 001 ***400.00

30006334



04032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000030924 1. Entity Name LANDCASTLES OF SARASOTA, L.L.C.					
Principal Place of Business 1901 MORRILL STREET SARASOTA, FL 34246			Mailing Address 1901 MORRILL STREET SARASOTA, FL 34246		
2. Principal Place of Business - No P.O. Box # 1905 Morrill Street		3. Mailing Address 1905 Morrill Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number NOT APPLICABLE 20-1332584	
Zip 34236		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRNBACH, JEFFREY 1901 MORRILL ST. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Hanan, Benjamin R. Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Ave., 10th Floor City Sarasota FL Zip Code 34236		
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 registering) DATE 4/27/07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDCASTLES OF SARASOTA, LLC 1901 MORRILL STREET SARASOTA, FL 34236	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: Phillip Chmielewski 4/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					