## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000034110** 

1. Entity Name

BROADYWAY BAR SARASOTA, LLC



FILED Mar 24, 2008 08:00 A Secretary of State

Principal Place of Business

5902 TIDEWOOD AVE SARASOTA, FL 34231 Mailing Address

5902 TIDEWOOD AVE SARASOTA, FL 34231



03192008 No Chg-LLC

CR2E083 (12/07)

Fee Required

E. Cantificate of Chatter Desired	\$5.	.00 Additional
20-1113152		Not Applicable
4. FEI Number		Applied For

6. Name and Address of Current Registered Agent

HAUSMANN, CAROLYN H 5902 TIDEWOOD AVE SARASOTA, FL 34231 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE  FILE NOWILL FEE 18/\$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS  TITLE MGR  NAME HEATH-HAUSMANN, CAROLYN	, and accept
SIGNATURE    Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent algorithms required when reinstating)    FILE NOW!!!   FEE IS/\$138.75     After May 1, 2008   Fee will be \$538.75     MANAGING MEMBERS/MANAGERS   TITLE   MGR     NAME   HEATH-HAUSMANN, CAROLYN	****
Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent eignature required when reinstating)  PILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS  TITLE MGR  NAME HEATH-HAUSMANN, CAROLYN	ton A
9. MANAGING MEMBERS/MANAGERS  TITLE MGR  NAME HEATH-HAUSMANN, CAROLYN	***
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NAME HEATH-HAUSMANN, CAROLYN	8 × 25-
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STREET ADDRESS 5902 TIDEWOOD AVENUE CITY-ST-ZIP SARASOTA, FL 34231	Sec. 3 :
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TITLE TO THE STATE OF THE STATE	
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STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE	
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CITY-ST-ZIP	
TITLE P. T.	Marie de la
NAME AME	
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CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	

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:

CITY-ST-ZIP

Said Stetler

3.19.08

941.925.0102

SIGNATURE AND TYPED OR PRETED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone ≱