

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED

Apr 19, 2005 8:00 am
Secretary of State

03-21-2005 90532 010 ****50.00

DOCUMENT # L04000039824

1. Entity Name
SARASOTA BUSINESS PLAZA LLC



Principal Place of Business
6389 TOWER LANE
SARASOTA, FL 34240

Mailing Address
6389 TOWER LANE
SARASOTA, FL 34240

30003013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-119 2889

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

BUSINESS FILINGS INCORPORATED
680 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

Name
KELLY GORRELL
Street Address (P.O. Box Number is Not Acceptable)

6389 TOWER LANE

City SARASOTA FL Zip Code 34240

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 *Kelly Gorrell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/16/05

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
NAME MGRM
STREET ADDRESS L&T MANAGEMENT LLC
CITY- ST- ZIP 6389 TOWER LANE
SARASOTA, FL 34240 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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)(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: *Louise DeLoach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-15-05 941-320-7303

Date

Daytime Phone #