

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90394 001 ***400.00

DOCUMENT # L04000040718		
1. Entity Name LANDCASTLES OF SARASOTA 2, L.L.C.		

Principal Place of Business 1901 MORILL STREET SARASOTA, FL 34246	Mailing Address 1901 MORILL STREET SARASOTA, FL 34246
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30006358

2. Principal Place of Business - No P.O. Box # 1905 Morrill Street	3. Mailing Address 1905 Morrill Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
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Zip 34236	Country	Zip 34236	Country
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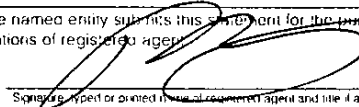
04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE 20-1351510	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BIRNBACH, JEFFREY 1901 MORRILL ST. SARASOTA, FL 34236	
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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	
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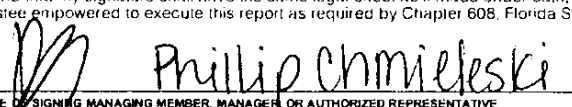
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/27/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDCASTLES OF SARASOTA, LLC 1901 MORRILL STREET SARASOTA, FL 34236 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1905 Morrill Street Sarasota, FL 34236 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	DATE 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	