2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/15/2006-90078-009-$50.00-$50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Entity Name
SWEETPEA DEVELOPMENT OF SARASOTA, LLC

Principal Place of Business	Mailing Address
1605 MAIN STREET SUITE 909 SARASOTA, FL 34236 US	1605 MAIN STREET SUITE 909 SARASOTA, FL 34236 US

07102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1191477
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

W. BARTLETT SCOVILL, P.A.
1605 MAIN STREET
SUITE 912
SARASOTA, FL 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: _____ and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RAGONE, ANGELO
STREET ADDRESS	1605 MAIN STREET, SUITE 912
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Angelo Ragone 9-7-06 941 955-8816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #