2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-16-2006 90031 016 ****50.00

DOCUMENT # L04000041720

1. Entity Name

CONWAL OF SARASOTA COUNTY L.L.C.

Principal Place of Business	Mailing Address
1937 FAIRVIEW DRIVE ENGLEWOOD FL 34223	1937 FAIRVIEW DRIVE ENGLEWOOD FL 34223

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1289371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUIE, W. GRADY
143 EAST MIAMI AVENUE
VENICE FL 34285

7. Name and Address of New Registered Agent

Name: Dorothy R Hayes
Street Address (P.O. Box Number is Not Acceptable): 4801 POST POINTE DR
City: SARASOTA FL Zip Code: 34233-3517

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: Dorothy R Hayes DOROTHY R HAYES 3-2-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	~~Member~~ MGRM	☒ Change ☒ Addition
NAME	HELBLING, WALTER E SR		NAME	Consolation Helbling	
STREET ADDRESS	1937 FAIRVIEW DRIVE		STREET ADDRESS	1937 Fairview Dr	
CITY-ST-ZIP	ENGLEWOOD FL 34223-1619		CITY-ST-ZIP	Englewood FL 34223	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: W. [signature] 3-2-06 941 473-8034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #