

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048231

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** DREW PARK OFFICE BUILDING, L.L.C.

**Current Principal Place of Business:**

1859 NORTHGAGE BLVD  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

1859 NORTHGAGE BLVD  
SARASOTA, FL 34234

**New Mailing Address:**

FEI Number: 77-0639756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART, WILLIAM J  
1859 NORTHGAGE BLVD., SUITE 1  
SARASOTA, FL 34234 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STEWART, WILLIAM J  
Address: 1859 NORTHGAGE BLVD., SUITE 1  
City-St-Zip: SARASOTA, FL 34234

Title: MGR ( ) Delete  
Name: CAVE, ROBERT L  
Address: 3412 BROOKRIDGE LANE  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT L. CAVE

MR.

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date