

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059233

FILED
Apr 27, 2007
Secretary of State

Entity Name: SARASOTA REALTY & FINANCE LLC

Current Principal Place of Business:

752 AUTUMNCREST DRIVE
SARASOTA, FL 342322484

New Principal Place of Business:

Current Mailing Address:

752 AUTUMNCREST DRIVE
SARASOTA, FL 342322484

New Mailing Address:

FEI Number: 20-1845031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAREL J. VAN HINLOOPEN LABBERTON
752 AUTUMNCREST DRIVE
SARASOTA, FL 342322484 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: MGRM () Delete
Name: KAREL J. VAN HINLOOP, EN LABBERTON
Address: 752 AUTUMNCREST DRIVE
City-St-Zip: SARASOTA, FL 342322484

Title: MGRM () Delete
Name: RIJKE, MARYNIA
Address: 752 AUTUMNCREST DRIVE
City-St-Zip: SARASOTA, FL 342322484

Title: MGRM () Delete
Name: RUFIN, ALEXANDER L
Address: 2255 CLEMATIS ST.
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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

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: KAREL VAN HINLOOPEN LABBERTON

MGRM

04/27/2007

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