

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Feb 04, 2005  
Secretary of State**

DOCUMENT# L04000079497

Entity Name: ONE STOP REALTY OF SARASOTA LLC

**Current Principal Place of Business:**

1958 MAIN ST.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1958 MAIN ST.  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 20-1816277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLOT, VINCENT G  
4748 MALORY PLACE  
SARASOTA, FL 34241      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/MEMBERS:**

Title:            MGR            ( ) Delete  
Name:            BLOT, VINCENT G  
Address:        4748 MALORY PLACE  
City-St-Zip:    SARASOTA, FL 34241

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title:            MGR            ( ) Change (X) Addition  
Name:            MCKEAN, HEATHER E  
Address:        4748 MALORY PLACE  
City-St-Zip:    SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VINCENT BLOT

MGR

02/04/2005

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