

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000079655**

**1. Entity Name  
SARASOTA ENERGY, L.L.C.**



**Principal Place of Business  
8964 BLOOMFIELD BOULEVARD  
SARASOTA, FL 34238 US**

**Mailing Address  
8964 BLOOMFIELD BOULEVARD  
SARASOTA, FL 34238 US**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-1834511**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TURNER, MICHAEL S  
8964 BLOOMFIELD BOULEVARD  
SARASOTA, FL 34238**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000382813  
01/12/06-80027-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME STEWART, WILLIAM J  
STREET ADDRESS 1859 NORTHGATE BLVD., SUITE #1  
CITY-ST-ZIP SARASOTA, FL 34234**

**TITLE MGR  
NAME TURNER, MICHAEL S  
STREET ADDRESS 8964 BLOOMFIELD BOULEVARD  
CITY-ST-ZIP SARASOTA, FL 34238**

**TITLE MGR  
NAME KAISER, RAYMOND  
STREET ADDRESS 2515 ARLINGTON STREET  
CITY-ST-ZIP SARASOTA, FL 34239**

**TITLE MGR  
NAME DROLE, TOM  
STREET ADDRESS 9751 EAGLE PRESERVE  
CITY-ST-ZIP ENGLEWOOD, FL 34224**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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: *M. S. Turner* M. S. TURNER**

**1-9-06**

**941-924-6183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #