


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 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
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01052007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 20-1834511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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, 2007**

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, WILLIAM J 1859 NORTHGATE BLVD., SUITE #1 SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, MICHAEL S 8964 BLOOMFIELD BOULEVARD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAISER, RAYMOND 2515 ARLINGTON STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DROLE, TOM 9751 EAGLE PRESERVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/09/07-80036-013 50.00

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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: Michael S Turner 1-5-07 941-924-4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MICHAEL S TURNER