

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079655

Entity Name: SARASOTA ENERGY, L.L.C.

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

8964 BLOOMFIELD BOULEVARD  
SARASOTA, FL 34238 US

## New Principal Place of Business:

## Current Mailing Address:

8964 BLOOMFIELD BOULEVARD  
SARASOTA, FL 34238 US

## New Mailing Address:

FEI Number: 20-1834511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, MICHAEL S  
8964 BLOOMFIELD BOULEVARD  
SARASOTA, FL 34238 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 NORTHGATE BLVD., SUITE #1  
City-St-Zip: SARASOTA, FL 34234

Title: MGR ( ) Delete  
Name: TURNER, MICHAEL S  
Address: 8964 BLOOMFIELD BOULEVARD  
City-St-Zip: SARASOTA, FL 34238

Title: MGR ( ) Delete  
Name: KAISER, RAYMOND  
Address: 1859 NORTH GATE BOULEVARD SUITE 1  
City-St-Zip: SARASOTA, FL 34234

Title: MGR (X) Delete  
Name: DROLE, TOM  
Address: 9751 EAGLE PRESERVE  
City-St-Zip: ENGLEWOOD, FL 34224

## 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:

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: MICHAEL S TURNER

MGR

01/07/2009

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