
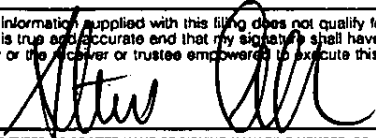


FILED
May 16, 2007 8:00 am
Secretary of State

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04-27-2007 90026 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000082894		
1. Entity Name SARASOTA INVESTMENTS LLC		
Principal Place of Business 6520 BAYSHORE BLVD. TAMPA, FL 33611		Mailing Address 6520 BAYSHORE BLVD. TAMPA, FL 33611
DO NOT WRITE IN THIS SPACE		
		04242007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 42-1650451		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ALLEN, STEVE 6520 BAYSHORE BLVD. TAMPA, FL 33611		DO NOT WRITE IN THIS SPACE
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEN, STEVE 6520 BAYSHORE BLVD. TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEN, MATT 4527 LITTLE JOHN TRAIL SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, MARK 887 SHALLOW RUN ROAD SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		5/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

30007920

