

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90215 010 ****50.00

DOCUMENT # L04000091460

1. Entity Name
SARASOTA JOE, LLC



Principal Place of Business

**1952 MAIN STREET
SARASOTA, FL 34236**

Mailing Address

**2201 CANTU COURT
SUITE 106
SARASOTA, FL 34232**

60021691



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2074328	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GREENBERG, RONALD L
1952 MAIN STREET
SARASOTA, FL 34236**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREENBERG, RONALD L
STREET ADDRESS	7144 WAINSCOTT COURT
CITY-ST-ZIP	SARASOTA, FL 34238

TITLE	MGR
NAME	FEINROTH, JODY
STREET ADDRESS	3144 CHASE CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	MGR
NAME	Stone, Kendall
STREET ADDRESS	5137 Flagstone Drive
CITY-ST-ZIP	Sarasota, FL 34238

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

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

3/5/2007

Date

Daytime Phone # _____