2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

						Secretary of State				
DOCUMENT # L05000013864 1. Entity Name HIGHWAY 75 SOUTH ASSOCIATES, L.L.C.					04-21-2006 90014 007 ****50.00					
Principal Place of Business Address 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 Address 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 Address			AVE.,	10TH FLOOR						
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Numb	oer 20-23092	287		oplied For ot Applicable	
Zip	Country Zip		Coun	try	5. Certificate	e of Status Desired		\$5.00 Add	fitional d	
	6. Name and Address of Current		7. Name an	d Address of New R	egistered A	gent				
				Name						
BAND, DAVID S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered offithe obligations of registered agent.					red agent, or bo	oth, in the State of Flo	. –	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent									
	Signature, typed or printed name or registered agent	and the it applicable. (NOTE	Registere	d Agent signature require	d when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006							e check pa Departme	ayable to ent of State	a	
9.	MANAGING MEMBI	ERS/MANAGERS	10.	711		ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	BAND, DAVID S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete			3				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	

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 David S. Band, Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

15/06

Daytime Phone #