

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-17-2006 90021 029 ****50.00

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DOCUMENT # L05000031666 1. Entity Name DESOTO CENTER, LLC					
Principal Place of Business 1022 TOCOBAGA LANE SARASOTA FL 34236			Mailing Address 1022 TOCOBAGA LANE SARASOTA FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <div style="text-align: right; font-size: 1.2em;">20-2624477</div>				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 GANS, RICHARD R 1515 RINGLING BLVD., 10TH FLORR SARASOTA FL 34236				7. Name and Address of New Registered Agent Name M.G. FARROW Street Address (P.O. Box Number is Not Acceptable) 1022 TOCOBAGA LANE City SARASOTA FL Zip Code 34236	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> TREASURER <small>(NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 30%; text-align: right;"> 2-4-06 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President Lynn Robbins Farrow 1022 Tocobaga Lane Sarasota FL 34236	<input type="checkbox"/> Delete	TITLE	MGR Lynn Robbins Farrow 1022 Tocobaga Lane Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Vice President James Cawley 2701 Greendale Dr Sarasota FL 34232	<input type="checkbox"/> Delete	TITLE	MGR James Cawley 2701 Greendale Dr Sarasota FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Treasurer, Secretary MIKE FARROW 1022 Tocobaga Lane Sarasota FL 34236	<input type="checkbox"/> Delete	TITLE	MGR M.G. Farrow 1022 Tocobaga Lane Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			M.G. FARROW Sec. Treasurer 2-4-06 (941) 861-8285 <small>Date Daytime Phone</small>		



ATTACHMENT

30001697

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

DESOTO CENTER, LLC
1022 TOCOBAGA LANE
SARASOTA, FL 34236

Subject: **DESOTO CENTER, LLC**

Reference Number:

L05000031666

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH

ANNUAL REPORTS SECTION