

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046141

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: SRQ EASTERN PROPERTIES, LLC

**Current Principal Place of Business:**

1819 MAIN STREET, SUITE 1100  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1819 MAIN STREET, SUITE 1100  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 20-2999931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACK, MICHAEL M ESQ.  
1819 MAIN STREET, SUITE 1100  
SARASOTA, FL 34236 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: KRAMER, RICHARD E  
Address: 7850 ALLEN ROBERTSON PLACE  
City-St-Zip: SARASOTA, FL 34240

Title: MGR ( ) Delete  
Name: KRAMER, DEBORAH L  
Address: 7850 ALLEN ROBERTSON PLACE  
City-St-Zip: SARASOTA, FL 34240

Title: MGR ( ) Delete  
Name: WALLACK, RENITA  
Address: 7510 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: MGR ( ) Delete  
Name: WALLACK, MICHAEL M  
Address: 7510 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

**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 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 M. WALLACK

MGR

04/30/2006

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