

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

01-30-2006 90151 008 ****50.00

DOCUMENT # L05000046226 1. Entity Name CIRCLE INVESTORS OF SARASOTA, LLC																																																							
Principal Place of Business 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242			Mailing Address 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																				
City & State			City & State																																																				
Zip		Country		Zip																																																			
Country		Country		4. FEI Number 20-2839810																																																			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																			
6. Name and Address of Current Registered Agent MCCLENATHEN, CHAD M 1820 RINGLING BLVD. SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																			
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (Print C: Registered Agent signature required when applying)																																																							
Filing Fee is \$50.00 Due by May 1, 2006 P/S		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>MANAGING MEMBER</td> <td>CHAD M MCCLENATHEN</td> <td>1820 RINGLING BLVD</td> <td></td> </tr> <tr> <td></td> <td>5852 MIDNIGHT PASS</td> <td>SARASOTA, FL 34242</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		MANAGING MEMBER	CHAD M MCCLENATHEN	1820 RINGLING BLVD			5852 MIDNIGHT PASS	SARASOTA, FL 34242			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																														
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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 606, Florida Statutes.																																																							
SIGNATURE: <u><i>Chad M. McClenathen</i></u> Date: _____																																																							

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