


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90025 012 ****55.00

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|--|---|--|---|--|--|
| DOCUMENT # L05000046655 1. Entity Name SARASOTA AND MANATEE PROPERTY MANAGEMENT LLC | | | |  | |
| Principal Place of Business 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243 | | | Mailing Address 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | Name DENNIS WASSON Street Address (P.O. Box Number is Not Acceptable) 6260 Medici Ct #102 City SARASOTA FL Zip Code 34243 | |
| 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 <u><i>Dennis Wasson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WASSON, DENNIS W 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SEE, CHAD 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WASSON, DENNIS W 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALVEY, GARY 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u><i>Dennis W. Wasson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| | | | | <small>Date</small> _____ <small>Daytime Phone #</small> _____ | |

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01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required