

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**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**



03152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WASSON, DENNIS W 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEE, CHAD 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WASSON, DENNIS W 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALVEY, GARY 6260 MEDICI COURT, SUITE 102 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/29/07-80018-022 55.00

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-15-2007**

Date

Daytime Phone #

**DENNIS WASSON**