

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051663

FILED
Mar 07, 2006
Secretary of State

Entity Name: TRIA VENTURES OF SARASOTA, LLC

Current Principal Place of Business:

4099 LOSILLIAS DRIVE
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

4099 LOSILLIAS DRIVE
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, PHILLIP A ESQ.
1800 SECOND STREET
SUITE 770
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: SEARS, LORRIE
Address: 851 PLACID LAKE DRIVE
City-St-Zip: OSPREY, FL 34229 US

Title: MGR () Delete
Name: CURD, EILEEN
Address: 1111 RITZ CARLTON DRIVE
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: WOLFF, CHARLENE H
Address: 4099 LOSILLIAS DRIVE
City-St-Zip: SARASOTA, FL 34238 US

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:

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: CHARLENE H. WOLFF

MGR

03/07/2006

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