


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000056091</b> 1. Entity Name SARACAR, LLC	
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Principal Place of Business 1435 S. OSPREY AVE., SUITE 200 SARASOTA, FL 34239	Mailing Address 1435 S. OSPREY AVE., SUITE 200 SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**



01272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4709274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FERGESON, JAMES O JR. 1515 RINGLING BLVD., TENTH FLOOR SARASOTA, FL 34236
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

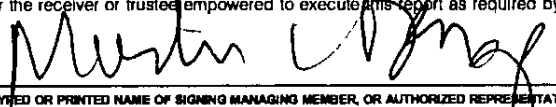
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, CLIFTON M.D. 1435 S. OSPREY AVE., SUITE 200 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEGGS, MARTIN L M.D. 1435 S. OSPREY AVE., SUITE 200 SARASOTA, FL 34239
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U000000912897  
02/12/08-80067-008 138.75

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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:**  **1/30/08 941-952-1913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_