

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90191 041 \*\*\*\*50.00

**DOCUMENT # L05000059724**

1. Entity Name  
**MITCHELL ROSS REALTY, LLC**



Principal Place of Business  
**3876 TORREY PINES BLVD.  
SARASOTA, FL 34238**

Mailing Address  
**3876 TORREY PINES BLVD.  
SARASOTA, FL 34238**

**20007532**



2. Principal Place of Business  
**3628 BOCA POINTE DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3628 BOCA POINTE DR.**  
Suite, Apt. #, etc.

02072006 Chg-LLC CR2E083 (11/05)

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

4. FEI Number  
**20-3011109**

Applied For  
Not Applicable

Zip Country  
**34238 USA**

Zip Country  
**34238 USA**

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

**6. Name and Address of Current Registered Agent**

**BRYANS, ROSS A.  
3876 TORREY PINES BLVD.  
SARASOTA, FL 34238**

**7. Name and Address of New Registered Agent**

Name **BRYANS, ROSS A.**

Street Address (P.O. Box Number is Not Acceptable)

**3628 BOCA POINTE DR.**

City **SARASOTA**

FL Zip Code **34238**

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

(NOTE: Registered Agent signature required when reinstating)

**2/8/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME **ROSS A. BRYANS** ☐ Change ☒ Addition  
STREET ADDRESS **3628 BOCA POINTE DR.**  
CITY-ST-ZIP **SARASOTA, FL 34238** **MGRM**

TITLE  
NAME **MITCHELL J. GREB** ☐ Change ☒ Addition  
STREET ADDRESS **3628 BOCA POINTE DR.**  
CITY-ST-ZIP **SARASOTA, FL 34238** **MGRM**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/8/06**

DATE

**941-809-0034**

Daytime Phone #