## **2008 LIMITED LIABILITY COMPANY**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT** DOCUMENT # L05000099672 1. Entity Name MACPHAIL MANASOTA VENTURE, L.L.C.

Principal Place of Business

1451 GLOBAL COURT SARASOTA, FL 34240 Mailing Address

1451 GLOBAL COURT SARASOTA, FL 34240

## **FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90033 010 \*\*\*138.75



01082008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-3675807 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN 1432 FIRST STREET SARASOTA, FL 34236

the obligations of registered agent.

SIGNATURE:

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| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating)   | DATE   |
|--|--|--|--|
| FILE<br>After May                              | NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75   |  |  |
| 9. 357   | MANAGING MEMBERS/MANAGERS  | 同事な。<br>・ この概念をよった。  | HELP CONTRACTOR TO A TON   |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       | MGRM<br>MACPHAIL, PAUL<br>1451 GLOBAL COURT<br>SARASOTA, FL 34240  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | DO NO  | T WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>City-ST-ZIP |  | IN THIS  | SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CATY-ST-ZIP |  |  |  |
| 11. I hereby indicated limited li              | certify that the information supplied with this filling does not<br>don this report is frue and accurate and that my signature sability company or the receiver or juster empowered to ex- | qualify for the exemptions contained in Chapter 119, Florida shall have the same legal effect as if made under oath; that I acute this report as required by Chapter 608, Florida Statutes | Statutes. I further certify that the information<br>am a managing member or manager of the . |

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

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