

FILED
Apr 27, 2007 8:00 am
Secretary of State

DOCUMENT # L05000112792

Mailing Address
C/O JOHN A. MORAN
P.O. BOX 3948
SARASOTA, FL 34230

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

ADDITIONS/CHANGES

☐ Delete☐ Delete☐ Delete

Delete

☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Chance ☐ 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

Q4:

Daytime Phone #

Courthouse Centre of Sarasota, Ltd.

By: John A. Moran, Manager of

By: SCOTT M. HOBAN, Manager of
Southwest Center of SDO, LLC its General Partner