

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L05000121343

1. Entity Name

SIESTA KEY BEACH ROAD, LLC



**FILED  
Sep 06, 2007 8:00 am  
Secretary of State**

09-06-2007 90038 011 \*\*\*\*55.00

548 Place of Business *#548A*

548 BEACH ROAD  
SARASOTA FL 34242

Mailing Address

548 BEACH ROAD  
SARASOTA FL 34242

2745 Mapkeword C.R.  
Wayzata, MN



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

53351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State

City & State

4. FEI Number

14-1945383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name

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

City

FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 5, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, WILLIAM H		NAME	
STREET ADDRESS	548 BEACH ROAD		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, WILLIAM H		NAME	
STREET ADDRESS	548 BEACH ROAD		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:** *W.H. Mckenna*

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

Date

Daytime Phone #