

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/5

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90197 032 \*\*\*\*50.00

**DOCUMENT # L06000003055**

1. Entity Name  
**EAST VENICE AVENUE PROPERTIES, LLC**



Principal Place of Business  
**2273 CORK OAK STREET  
SARASOTA, FL 34232**

Mailing Address  
**2273 CORK OAK STREET  
SARASOTA, FL 34232**

**30002246**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**20-4084733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SABA, RICHARD D ATTORNE  
SABA & KING, LLP  
2033 MAIN STREET, SUITE 203  
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **MCLEROY, DAN H JR**  
STREET ADDRESS **2273 CORK OAK STREET**  
CITY-ST-ZIP **SARASOTA, FL 34232**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Date

Daytime Phone #

**1/31/07**

**811-221-7573**