

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90033 049 ****50.00

DOCUMENT # L06000014218		
1. Entity Name SARASOTA WEBSITE SOLUTIONS, LLC		
Principal Place of Business 6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240		Mailing Address 6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240
2. Principal Place of Business - No P.O. Box # <i>3940 Red Rock Way</i>	3. Mailing Address <i>P.O. Box 19109</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <i>SARASOTA, FL</i>		City & State <i>SARASOTA, FL</i>
Zip <i>34231</i>	Country <i>USA</i>	4. FEI Number <i>20-4268725</i>
Zip <i>34276</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SMITH, BARRY D 3940 RED ROCK WAY SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name <i>TODD SMITH</i> Street Address (P.O. Box Number is Not Acceptable) <i>3940 Red Rock Way</i> City <i>SARASOTA</i> <i>FL</i> Zip Code <i>34231</i>
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 <i>Todd Smith, Operating mgr</i> DATE <i>1-31-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, BARRY D <input checked="" type="checkbox"/> Delete 3940 RED ROCK WAY SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD SMITH LIVING TRUST DATED 10/31/95 <input type="checkbox"/> Delete PO BOX 19109 SARASOTA, FL 34276	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 <i>Todd Smith, Operating mgr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>1-31-07</i> Daytime Phone # <i>941 957-6555</i>