

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080204

Entity Name: RTS OF SIESTA KEY, LLC

FILED  
Jul 11, 2007  
Secretary of State

**Current Principal Place of Business:**

5053 OCEAN BLVD  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

5053 OCEAN BLVD  
SARASOTA, FL 34242 US

**New Mailing Address:**

FEI Number: 20-5381881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

ARCARESE, TINA MGRM  
5053 OCEAN BLVD.  
SARASOTA, FL 34242 US

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.

SIGNATURE: TINA ARCARESE

07/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARCARESE, TINA  
Address: 5053 OCEAN BLVD  
City-St-Zip: SARASOTA, FL 34242 US

Title: MGRM ( ) Delete  
Name: HORNE, SHAWN  
Address: 7255 CASS CIRCLE  
City-St-Zip: SARASOTA, FL 34231 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TINA ARCARESE

MGRM

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date