

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

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05-03-2007 90258 046 \*\*\*\*50.00

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|  |                                  |                                 |   |  |                                   |
|--|----------------------------------|---------------------------------|---|--|-----------------------------------|
| <b>DOCUMENT # L06000121217</b>   |                                  |                                 |   |  |                                   |
| 1. Entity Name<br>SARASOTA PALMER RANCH I GP, LLC  |                                  |                                 |   |  |                                   |
| Principal Place of Business<br>8000 TOWERS CRESCENT DRIVE, #825<br>VIENNA, VA 22182  |                                  |                                 | Mailing Address<br>8000 TOWERS CRESCENT DRIVE, #825<br>VIENNA, VA 22182 |  |                                   |
| 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   | 4. FEI Number<br>20-8667320  |                                   |
|  |                                  |                                 |   | Applied For<br>Not Applicable  |                                   |
|  |                                  |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                   |
| 8. Name and Address of Current Registered Agent  |                                  |                                 | 7. Name and Address of New Registered Agent                             |  |                                   |
| MCNAMARA, THOMAS P<br>2907 BAY TO BAY BLVD., SUITE 201<br>TAMPA, FL 33629  |                                  |                                 | 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  |                                  |                                 |   | DATE   |                                   |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  |                                  |                                 |   |  |                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |                                  |                                 |   | Make check payable to<br>Florida Department of State                                     |                                   |
| 9. MANAGING MEMBERS/MANAGERS   |                                  |                                 | 10. ADDITIONS/CHANGES   |  |                                   |
| TITLE  | MGR                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | SLOKKER INVESTMENTS USA, LP      |                                 | NAME  |  |                                   |
| STREET ADDRESS   | 8000 TOWERS CRESCENT DRIVE, #825 |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | VIENNA, VA 22182                 |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE  | MGR                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | CI PALMER CLUB, LLC              |                                 | NAME  |  |                                   |
| STREET ADDRESS   | 1660 L STREET, N.W., STE. 600    |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | WASHINGTON, DC 20038             |                                 | 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   |  |                                   |
| 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   |  |                                   |
| 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: <u>Robert Franzen</u>   |                                  | ROBERT FRANZEN                  |   | 06/30/07 (703) 506-1006  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                  | Date                            |   | Daytime Phone #  |                                   |