

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045242

FILED  
Jun 03, 2009  
Secretary of State

Entity Name: CARAWAY DRIVE TWO LLC

## Current Principal Place of Business:

1600 PALMETTO LANE  
SARASOTA, FL 34236 US

## New Principal Place of Business:

4722 OLD FARM ROAD  
SARASOTA, FL 34233 US

## Current Mailing Address:

PO BOX 2161  
SARASOTA, FL 34230 US

## New Mailing Address:

4722 OLD FARM ROAD  
SARASOTA, FL 34233 US

FEI Number: 26-0169544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

ZIP LINE PROPERTIES  
1600 PALMETTO LANE  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

CLASSIC REALTY OF SARASOTA, INC.  
4722 OLD FARM ROAD  
SARASOTA, FL 34233 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: MARK G. BOTTS

06/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ZIP LINE PROPERTIES, INC.  
Address: P.O. BOX 2161  
City-St-Zip: SARASOTA, FL 34230 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CLASSIC REALTY OF SARASOTA, INC.  
Address: 4722 OLD FARM ROAD  
City-St-Zip: SARASOTA, FL 34233 US

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: MARK G. BOTTS

D

06/03/2009

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