
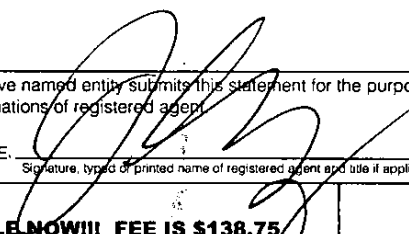


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90096 043 \*\*\*138.75

DOCUMENT # L07000091263			
1. Entity Name 1901 4TH STREET WEST, LLC			
Principal Place of Business 1819 MAIN STREET, STE 610 SARASOTA, FL 34236		Mailing Address 1819 MAIN STREET, STE 610 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 1800 2nd Street		3. Mailing Address 1800 2nd Street	
Suite, Apt. #, etc. Suite 882		Suite, Apt. #, etc. Suite 882	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34236	Country USA	Zip 34236	Country USA
6. Name and Address of Current Registered Agent  NORTON, SAM D ESQ 1819 MAIN STREET, STE 610 SARASOTA, FL 34236		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:  COO 4/18/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$588.75		Make check payable to Florida Department of State	



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 260901896 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beverly Management, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1800 2nd Street, Suite 882 Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

COO

4/18/08

941-953-9922