


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90026 004 ***138.75

DOCUMENT # L07000121188 1. Entity Name CORSOTO SOUTH INVESTORS, LLC					
Principal Place of Business 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			Mailing Address 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, FL Zip Country 34236 Sarasota			
		4. FEI Number 26-1555328		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Goble, Richard E. Street Address (P.O. Box Number is Not Acceptable) 1990 Main St. Suite 801 City Sarasota FL Zip Code 34236		
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 <u><i>Richard E Goble</i></u> DATE <u>4-23-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOBLE, RICHARD E 1990 NORTH MAIN STREET, SUITE 801 SARASOTA, FL 34236	<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"/> Change <input type="checkbox"/> Addition			
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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: <u><i>Richard E Goble</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			✓ <u>4-23-08</u> <u>941 365-4617</u> <small>Date Daytime Phone #</small>		