2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000031019

1. Entity Name
SARASOTA MANATEE REALTY LLC

FILED
09 JUL 23 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1717 2ND ST STE D SARASOTA, FL 34236	1717 2ND ST STE D SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #: 6681 East 33rd St
Suite, Apt. #, etc.: Unit A1
City & State: Sarasota FL
Zip: 34243 Country: USA

3. Mailing Address: 6681 East 33rd St
Unit A
Sarasota, Fl 34243

7082009 Chg-LLC CR2E083 (11/08)

FEI Number: 26-2262330 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMGARDNER, WILLIAM H
1717 2ND ST
STE D
SARASOTA, FL, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 6681 East 33rd St
Unit A1

City: Sarasota FL Zip Code: 34243

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 _____ 7/13/09
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 11, 2009

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM REKOW, DAVE 4242 VAUGHAN LN SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 07/17/09--01045--001 **143.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700158627447 07/17/09--01045--001 **143.75
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TITLE / NAME / STREET ADDR / CITY-ST-Z		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S. HAWKES JUL 24 2009 EXAMINER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 7/13/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #