

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049016

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** THE PROSCENIUM DOWNTOWN, LLC

**Current Principal Place of Business:**

1819 MAIN STREET, SUITE 207  
SARASOTA, FL 34236

**New Principal Place of Business:**

200 S. ORANGE AVE.  
SARASOTA, FL 34236

**Current Mailing Address:**

1819 MAIN STREET, SUITE 207  
SARASOTA, FL 34236

**New Mailing Address:**

200 S. ORANGE AVE.  
SARASOTA, FL 34236

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLOTTHAUER, WILLIAM G  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR.                      ( ) Change (X) Addition  
Name:                      PORTANOVA, ZEB  
Address:                      1903 LINCOLN DR  
City-St-Zip:                      SARASOTA, FL 34236

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: ZEB PORTANOVA                      MR.                      04/27/2009

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