

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY 22 PM 4:12

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L96000001164

SARASOTA STORGARD II, L.C.  
647 MASSACHUSETTS, SUITE 210  
LAWRENCE KS 66044

1a. Principal Place of Business Address

2033 MAIN STREET, SUITE 101  
SARASOTA, FL 34237

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2033 MAIN ST, STE 101

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34237

Country

Zip

Country

3. Date Organized or Qualified

11/01/96

3a. State of Formation

FL

4. FEI Number

65-0710606

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

☐ \$3.75 Additional Fee Required

7. Name and Address of Current Registered Agent

J. GEOFFREY PFLUGNER

2033 MAIN STREET, SUITE 101

SARASOTA, FL 34237

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	J. E. SANTAULARIA	647 MASSACHUSETTS, STE 210	LAWRENCE, KS 66044
			200002537492--S -05/27/98--01098--012 ****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

J. E. SANTAULARIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/98 941-388-5722  
Date Daytime Phone #