

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 SARASOTA STORGARD II, L.C. 647 MASSACHUSETTS, SUITE 210 LAWRENCE KS 66044		DOCUMENT # L96000001164	
2. Principal Place of Business 2033 MAIN ST, STE 101 Suite, Apt. #, etc. City & State SARASOTA, FL Zip 34237		1a. Principal Place of Business Address 2033 MAIN STREET, SUITE 101 SARASOTA, FL 34237 3. Date Organized or Qualified 11/01/96 3a. State of Formation FL 4. FEI Number 65-0710606 5. Date of Last Report N/A 6. Certificate of Status Desired N/A	
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) 8000002871468--3 Suite, Apt. #, etc. -05/11/99--01063--002 City FL Zip Code ****188.75 ****188.75	
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 MGR	Managing Members/Managers J. E. SANTAULARIA	Business Street Address 647 MASSACHUSETTS, STE 210	City, State and Zip Code LAWRENCE, KS 66044

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5-10-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), 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

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Office

Daytime Phone #