


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000856	
1. Entity Name SILVER OAK DEVELOPMENT OF SARASOTA, L.C.	

Principal Place of Business 7093 SOUTH TAMiami TRAIL SARASOTA FL 34231	Mailing Address 7093 SOUTH TAMiami TRAIL SARASOTA FL 34231
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent ROBERTS, GARY A 7093 SOUTH TAMiami TRAIL SARASOTA FL 34231
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4. FEI Number 65-0849562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code


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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAMBOO DEVELOPMENT, INC. 7093 SOUTH TAMiami TRAIL SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000051007 02/16/04-80034-004 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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:  **GARY A. ROBERTS** 2-10-2004 941 921-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #