2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L99000002477 1. Entity Name PROPERTIES OF SARASOTA, L.L.C. FILED 03 MAR 25 PM 12: 25 Principal Place of Business Mailing Address SECRETARY OF STATE 1010 JUNE ROAD 1010 ILINE ROAD TALLAHASSEE, FLORIDA MEMPHIS, TN 38119 MEMPHIS, TN 38119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 62-1778157 Not Applicable Zip Ζin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, TOM **545 SANCTUARY DRIVE, UNIT 301A** Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY, FL 34228 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition CR2E083 (10/02 HOWARD, TOM NAME NAME 700014551077 545 SANCTUARY DRIVE; UNIT 301-A 1010 JUNE Rd STREET ADDRESS STREET ADDRESS 03/24/03--01049--011 米米写真 自首 LONGBOAT KEYS, FL 34220 Memphis, TW38119 CITY-ST-ZIP CITY -ST-ZIP MGRM Delete □ Change ☐ Addition TITLE TITLE FRIEDMAN, SIDNEY NAME NAME 1010 JUNE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38119 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME MAKOWSKY, JEROME NAME 1010 JUNE ROAD STREET ADDRESS STREET ADDRESS MEMPHIS, TN 38119 CITY-ST-ZIP CITY-ST-ZIP MGRM Addition ☐ Delete ☐ Change TIBLE TITLE RINGEL, NEIL NAME NAME 1010 JUNE ROAD STREET ADDRESS STREET ADDRESS MEMPHIS, TN 38119 CITY-ST-ZIP City -S1 - 7/2 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SOMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

901-747006