50

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000005274

1. Entity Name
1099, L.C.
Venice

FILED
07 MAR 16 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02202007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
750 U.S. HWY 41 BYPASS SOUTH VENICE, FL 34292	707 S. WASHINGTON BLVD. SARASOTA, FL 34236-7835

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	50 Central Ave. Suite 900 Sarasota, FL 34236
City & State	
Zip / Country	Zip / Country

4. FEI Number 65-0943563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOSCH, JOHN 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236	Name 50 Central Ave. Suite 900 S Sarasota, FL 34236 (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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM 1099 MANAGEMENT COMPANY LLC 707 S WASHINGTON BLVD SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NARUAEZ, CHRISTOPHER R 707 S WASHINGTON BLVD SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Steve Hiteman 50 Central Ave. Suite 900 Sarasota, FL 34236 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7000948537 97 03/27/07--01033--009 **511.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/20
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #