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Secretary of State
04-30-2007 90071 012 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000002779

1. Entity Name
SARASOTA CENTRAL VENTURES, LLC

30010056

Principal Place of Business	Mailing Address
8400 E. PRENTICE AVE.- SUITE 850 ENGLEWOOD, CO 80111	8400 E. PRENTICE AVE.- SUITE 850 ENGLEWOOD, CO 80111

04022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1819 Main Street	1819 Main Street
Suite, Apt. #, etc. # 110	Suite, Apt. #, etc. # 110
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236 Country USA	Zip 34236 Country USA

4. FEI Number 20-4546123 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ 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	MGR INTERNATIONAL EQUITY VENTURES, LLC 8400 E. PRENTICE AVE.- SUITE 850 ENGLEWOOD, CO 80111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOAKUM, DON 8400 E. PRENTICE AVE.- SUITE 850 ENGLEWOOD, CO 80111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COFFEY, MICHAEL 8400 E. PRENTICE AVE.- SUITE 850 ENGLEWOOD, CO 80111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOZA, BOB 8400 E. PRENTICE AVE.- SUITE 850 ENGLEWOOD, CO 80111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YOAKUM, DON 8400 E. PRENTICE AVE.- SUITE 850 ENGLEWOOD, CO 80111	☐ 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	☐ 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: _____ 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #