


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

97 APR 29 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	DOCUMENT #M95000000344
---	-------------------------------

GLADSTONE-SARASOTA, L.L.C.
5401 W. KENNEDY BLVD.
SUITE 740
TAMPA FL 33609

1a. Principal Place of Business Address

5401 W. KENNEDY BLVD.
SUITE 740
TAMPA FL 33609

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
11/17/1995	CT
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
06-1438218	
5. Date of Last Report	6. Certificate of Status Desired
05/01/1996	See 7c. Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

CRENSHAW, CURTIS
5401 W. KENNEDY BLVD., SUITE 740
TAMPA FL 33609

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

FL

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	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GLADSTONE, TED S	35 MASON STREET	GREENWICH CT

500002169145--1
-05/07/97--01044--007
****203.75 ****203.75

JB5597

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: T. Gladstone 4/23/97 203-629-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #