


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90226 020 ****55.00

DOCUMENT # M99000001331 1. Entity Name GERMAIN OF SARASOTA LLC					
Principal Place of Business 7435 SOUTH TAMiami TRAIL SARASOTA, FL 34231			Mailing Address 7435 SOUTH TAMiami TRAIL SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142006 Chg-LLC CR2E083 (11/05) 4. FEI Number 31-1661749	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGERS, WILLIAM L 800 SEAGATE DRIVE SUITE 303 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) 10661 Airport-Pulling Road Suite 16 City Naples FL Zip Code 34109		
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 <u>William L. Rogers</u> William L. Rogers 2-23-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GERMAIN, STEPHEN L 5777 SCARBOROUGH BLVD. COLUMBUS, OH 43232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERMAIN, ROBERT L JR 13315 NORTH TAMiami TRAIL NAPLES, FL 33963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCARTHY, SEAN H 4130 MORSE CROSSING COLUMBUS, OH 43219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 606, Florida Statutes.					
SIGNATURE: <u>Robert L. Germain</u> Robert L. Germain 2-23-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					