2007 NOT-FOR-PROFIT CORPORATION

FILED Jan 25, 2007 8:00 am

ANNOAL REPORT								Secretary of State				
DOCUMENT # N02000007538 1. Entity Name SARASOTA REAL ESTATE INVESTORS, INC.							~	01-25-200	•			
-534 PALWW000 DR53			-534 î	Mailing Address 534 PALMWOOD UR SARASOTA, FL 34236								
243 LONDON DE RECY DE 4 Suite, Apt. #, etc.			E 44	Mailing Address 444 BEF ROLE RO Suite, Apt. #, etc. PMB 400			01132007 Chg-NP CR2E037 (12/06)					
City & State SARASSTA FL			Cit	City & State					3300			Applied For
Zip 347	1	Country	Žip	4233	Cou	intry			of Status Desire	d 🗀	\$8.75 A	dditional
		and Address of Curre						7. Name and	Address of Ne	w Registered	Agent	
DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236						Name Street Address (P.O. Box Number is Not Acceptable)						
						City	_			FL	Zip Co	ode
	named entity tions of registe	submits this statement ared agent.	for the purpo	ose of changing its	registere	ed office o	register	ed agent, or both	h, in the State o	Florida. I am	familiar wi	th, and accept
SIGNATURE .		a sisted association and an	and and title if an a	to able (NOT)	. Saniatara	d 600-1 alama		when coloring!	· · · · · · · · · · · · · · · · · · ·	DATE		
SIGNATURE .	Signature, typed o	or printed name of registered age	ent and little if appi	· · · · · · · · · · · · · · · · · · ·			ure required	when reinstating)		DATE		
SIGNATURE .	Signature, typed o	or printed name of registered age a is \$61.25 ay 1, 2007	ent and title if app	9. Election Car Trust Fund C	npaign F	inancing	ure required	when reinstating) \$5.00 May Be Added to Fees	F	Make chec		
SIGNATURE	Signature, typed o	e is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May Be	F	Make chec lorida Depa	rtment of	State
	Filing Fee Due by M. T SEEDS, C 1534 PALM	o is \$61.25 ay 1, 2007 OFFICERS AND I		9. Election Car	npaign F Contributi 11. TITLE NAME STREE	inancing ion.	P > 12 3 9	\$5.00 May Be Added to Fees ADDITIONS/CHA	NIGES TO OFF	Make checiforida Depa	IRECTORS Chang	State IN 10
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE:

SIGNATURE:

WIRE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR