

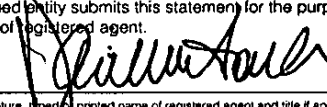
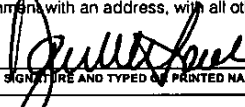


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90207 002 \*\*\*\*61.25

<b>DOCUMENT # N05000004929</b>						
<b>1. Entity Name</b> SARASOTA BUSINESS CENTER II CONDOMINIUM ASSOCIATION, INC.						
<b>Principal Place of Business</b> 740 COMMERCE DR., UNIT 11 VENICE, FL 34292			<b>Mailing Address</b> 740 COMMERCE DR., UNIT 11 VENICE, FL 34292			
<b>2. Principal Place of Business</b> 6321 PORTER RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2055 WOOD STREET SUITE 202				
<b>City &amp; State</b> SARASOTA FL		<b>City &amp; State</b> SARASOTA FL		<b>4. FEI Number</b> 20-3446609		
<b>Zip</b> 34240		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> HOWELL, DAVID 740 COMMERCE DR., UNIT 11 VENICE, FL 34292			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b> SIGNATURE:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DP	<b>NAME</b> HOWELL, DAVID		<input type="checkbox"/> Delete	<b>TITLE</b> VICE PRESIDENT, DIRECTOR	<b>NAME</b> ENID HOWELL	
<b>STREET ADDRESS</b> 12002 MIRAMAR PARKWAY	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33025		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 18002 MIRAMAR PKWY.	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33025	
<b>TITLE</b> DV	<b>NAME</b> GIBBONS, RANDY		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SEC. TREAS. DIRECTOR	<b>NAME</b> WILLIAM MANN	
<b>STREET ADDRESS</b> 740 COMMERCE DR., UNIT 11	<b>CITY-ST-ZIP</b> VENICE, FL 34292		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 7535 CASTLE DR.	<b>CITY-ST-ZIP</b> SARASOTA, FL 34240	
<b>TITLE</b> DST	<b>NAME</b> PRADO, MANUEL		<input checked="" type="checkbox"/> Delete	(Empty row for additions/changes)		
<b>STREET ADDRESS</b> 12002 MIRAMAR PARKWAY	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33025		<input type="checkbox"/> Delete	(Empty row for additions/changes)		
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)		<input type="checkbox"/> Delete	(Empty row for additions/changes)		
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)		<input type="checkbox"/> Delete	(Empty row for additions/changes)		
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)		<input type="checkbox"/> Delete	(Empty row for additions/changes)		
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)		<input type="checkbox"/> Delete	(Empty row for additions/changes)		
<b>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 all other like empowered.</b>						
<b>SIGNATURE:</b> 			4/4/06 9419539772 Date Daytime Phone #			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						