

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 23, 2006**  
**Secretary of State**

DOCUMENT# N95000000072

**Entity Name:** THE DOWNTOWN PARTNERSHIP OF SARASOTA, INC.**Current Principal Place of Business:**1818 MAIN STREET  
SARASOTA, FL 34236 US**New Principal Place of Business:**1365 FRUITVILLE RD  
SARASOTA, FL 34236 US**Current Mailing Address:**1818 MAIN STREET  
SARASOTA, FL 34236 US**New Mailing Address:**1365 FRUITVILLE RD  
SARASOTA, FL 34236 US**FEI Number:** 65-0621028**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GORDON, CHERYL  
1818 MAIN STREET  
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**GORDON, CHERYL  
1365 FRUITVILLE RD.  
SARASOTA, FL 34236 US

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.

SIGNATURE: CHERYL GORDON

08/23/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: GORDON, CHERYL  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236Title: D ( ) Delete  
Name: BLACK, IAN  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236Title: D ( ) Delete  
Name: NICHOLAS, JOHN  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236Title: D (X) Delete  
Name: FORSON, MICHAEL  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: O (X) Change ( ) Addition  
Name: BLACK, IAN  
Address: 1365 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34236Title: O (X) Change ( ) Addition  
Name: NICHOLAS, JOHN  
Address: 1365 FRUITVILLE RD.  
City-St-Zip: SARASOTA, FL 34236Title: O (X) Change ( ) Addition  
Name: SAM, NORTON  
Address: 1365 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34236Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN BLACK

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08/23/2006

Electronic Signature of Signing Officer or Director

Date