

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

2006 JAN -5 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

DOCUMENT # L05000056565
1. Entity Name
PREFERRAL NETWORK OF SARASOTA, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1225 U.S. 41 BYPASS South
Suite, Apt. #, etc.

3. Mailing Address
~~2728123~~ **1225 U.S. 41 BYPASS South**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VENICE

City & State
VENICE, FLORIDA

4. FEI Number
20-330 1046

Applied For
Not Applicable

Zip
34285

Country
USA

Zip
34285

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Robert M. Pretschner**
Street Address (P.O. Box Number is Not Acceptable)
HODGES, AUBURN, PRETSCHNER & FOELLER, PA
1800 SECOND Street, Suite 803
City **Sarasota** FL Zip Code **34236**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FEES
2006063694982
01/13/06--01063--013 **50.00

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member/ Managing Member Richard Walters 1225 U.S. 41 BYPASS South VENICE, FL 34285	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2006063694982 01/13/06--01063--013 **50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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 608, Florida Statutes.

SIGNATURE: *Richard Walters* **RICHARD WALTERS** 1/5/06 (941) 587-7393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

UNIVERSITY MICROFILMS