

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000015591

**FILED**  
**May 17, 2013**  
**Secretary of State**  
**CC1794519188**

**Entity Name:** HBG PROPERTIES OF SARASOTA, L.L.C.

**Current Principal Place of Business:**

3920 BEE RIDGE ROAD  
BUILDING F, SUITE A  
SARASOTA, FL 34233

**Current Mailing Address:**

3920 BEE RIDGE ROAD  
BUILDING F, SUITE A  
SARASOTA, FL 34233 US

**FEI Number:** 15-4329818

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRABOW, HARRY B  
3920 BEE RIDGE ROAD  
BUILDING F, SUITE A  
SARASOTA, FL 34233 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |   |                 |  |
|-----------------|---|-----------------|--|
| Title           | PRESIDENT                                   | Title           | MGRM                                       |
| Name            | GRABOW, HARRY B.                            | Name            | GRABOW, BRUCE A. AS TRUSTEE                |
| Address         | 3920 BEE RIDGE ROAD, BUILDING F,<br>SUITE A | Address         | 3920 BEE RIDGE ROAD<br>BUILDING F, SUITE A |
| City-State-Zip: | SARASOTA FL 34233                           | City-State-Zip: | SARASOTA FL 34233                          |

*I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARRY B. GRABOW

**PRESIDENT**

**05/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date