


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000042884**  
 1. Entity Name  
**SANDS POINTE OCEAN BEACH 1505, LLC**



Principal Place of Business 2623 YARMOUTH DRIVE WELLINGTON, FL 33414	Mailing Address 2623 YARMOUTH DRIVE WELLINGTON, FL 33414
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 DE VILLEGAS, HECTOR J  
 2623 YARMOUTH DRIVE  
 WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

000000692865  
 04/16/07-80017-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE VILLEGAS, HECTOR J 2623 YARMOUTH DRIVE WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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:**  **3/30/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #