


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90064 030 ****55.00

DOCUMENT # L03000052466	
1. Entity Name SAND POINT, LLC	

Principal Place of Business C/O CHARLES A. VON STEIN, INC. 2770 INDIAN RIVER BLVD., SUITE 316 VERO BEACH, FL 32960	Mailing Address C/O CHARLES A. VON STEIN, INC. 2770 INDIAN RIVER BLVD., SUITE 316 VERO BEACH, FL 32960
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2. Principal Place of Business - No P.O. Box # 333-17th STREET	3. Mailing Address 333-17th STREET
Suite, Apt. #, etc. SUITE 2E	Suite, Apt. #, etc. SUITE 2E

04102007 Chg-LLC CR2E083 (12/06)

City & State VERO BEACH FL	City & State VERO BEACH FL	4. FEI Number 20-0567410	Applied For <input type="checkbox"/> Not Applicable
Zip 32960	Country INDIAN RIVER	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FROMBERG, MALCOLM H 2 GROVE ISLE DRIVE, PH-1 COCONUT GROVE, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FROMBERG, MALCOLM		NAME	
STREET ADDRESS 2 GROVE ISLE DRIVE, PH 1		STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE, FL 33133		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FROMBERG, DOREE		NAME	
STREET ADDRESS 2 GROVE ISLE DRIVE, PH 1		STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE, FL 33133		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VON STEIN, KIRK		NAME	
STREET ADDRESS 2770 INDIAN RIVER BLVD, #316		STREET ADDRESS 333-17th STREET, SUITE 2E	
CITY-ST-ZIP VERO BEACH, FL 32960		CITY-ST-ZIP VERO BEACH, FL 32960	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* **Manager** **4-25-07** **(772) 778-4885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #