

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053859

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SANDJEL, L.L.C.

**Current Principal Place of Business:**

100 ALMERIA AVENUE, SUITE 230  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

100 ALMERIA AVENUE, SUITE 230  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1409089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESPINOSA, RAFAEL A  
100 ALMERIA AVENUE, SUITE 230  
CORAL GABLES, FL 33134 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JELKE, THOMAS B  
Address: 2403 SOUTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete  
Name: SANDRI, DAVID M  
Address: P.O. BOX 660499  
City-St-Zip: MIAMI SPRINGS, FL 332660499

Title: MGRM ( ) Delete  
Name: JELKE, WILLIAM F  
Address: 12665 SW 97TH COURT  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: THOMAS B JELKE

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date