

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 28, 2009
Secretary of State**

DOCUMENT# L06000031844

Entity Name: SAND SPRINGS DEVELOPMENT, LLC

Current Principal Place of Business:

9480 CORKSCREW PALM CIRCLE
SUITE 3
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

9480 CORKSCREW PALM CIRCLE
SUITE 3
ESTERO, FL 33928

New Mailing Address:

FEI Number: 20-4557167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTWELL, DENNIS J MGR
9480 CORKSCREW PALM CIRC
SUITE 3
ESTERO, FL 33928 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: MGR () Delete
Name: CANTWELL, DENNIS J
Address: 9480 CORKSCREW PALM CIRCLE, SUITE 3
City-St-Zip: ESTERO, FL 33928

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MEMB () Change (X) Addition
Name: DOW, BENJAMIN M
Address: 9480 CORKSCREW PALM CIRCLE, SUITE 3
City-St-Zip: ESTERO, FL 33928

Title: MEMB () Change (X) Addition
Name: DOW, JOHN H
Address: 98 WILLOWBROOK DR
City-St-Zip: AUBURN, NY 13021

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: DENNIS J. CANTWELL MGR 09/28/2009

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