2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000034991

1. Entity Name

04-22-2005 90043 050 ****50.00 1453 SAND LAKE, LLC Mailing Address Principal Place of Business 20040151 C/O HARVEY GARTNER C/O WALTER J. LOICK 1111 N. BAYSHORE BLVD., UNIT A-15 800 SNUG ISLAND 727/461-6919 CLEARWATER, FL 33759 CLEARWATER BEACH, FL 33767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 59-3446374 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAYMOND, J. PAUL Street Address (P.O. Box Number is Not Acceptable) 625 COURT ST., STE. 200 727/441-8966 CLEARWATER, FL 33756 City 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. χ. 10. TITLE MGR TITLE ☐ Change ☐ Addition ☐ Delete NAME LOICK, WALTER NAME STREET ADDRESS 1111 N BAYSHORE BLVD UNIT A-15 STREET ADDRESS CITY-ST-ZIF CLEARWATER, FL 33757 CITY-ST-ZIF TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Apr 22, 2005 8:00 am Secretary of State