FILED
Feb 24, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A94000000437

1. Entity Name
SAND DRIFT, LTD.

Principal Place of Business
C/O CHECKTRAC, INC.
2933 SOUTH FLORIDA AVE., SUITE #4
LAKELAND, FL 33803

Mailing Address
C/O CHECKTRAC, INC.
2933 SOUTH FLORIDA AVE., SUITE #4
LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

02012006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-3233420
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARAR, TOM E
C/O CHECKTRAC, INC.
2933 SOUTH FLORIDA AVE., SUITE #4
LAKELAND, FL 33803

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

U00000045538
03/07/06 80047-009 500.00

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	539447
NAME	CHECKTRAC, INC.
STREET ADDRESS	2933 SOUTH FLORIDA AVE., STE. #4
CITY-ST-ZIP	LAKELAND, FL 33803
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: J Tom E Scharar 12-22-6 863-687-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #