


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90352 028 ****50.00

DOCUMENT # L00000008666 1. Entity Name SANDY HILL FARM, LLC					
Principal Place of Business S/R 207 NEAR HASTINGS FL			Mailing Address 4309 BLUE HERON DRIVE PONTE VEDRA BEACH FL 32082		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3659049	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, LAWRENCE ESQ. PATTERSON, BOND & LATSHAW, P.A. 3010 S. THIRD STREET JACKSONVILLE BEACH FL 32250				7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBBETTS, FRED W 4309 BLUE HERON DRIVE PONTE VEDRA BEACH FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBBETTS, TYLER D 4309 BLUE HERON DRIVE PONTE VEDRA BEACH FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2636 Seneca Drive Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBBETTS, ERIC W 5081 HIGHLAND COURT TECUMSEH MI 49286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1415 Silverthorn Dr. Quincy, IL 62305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Fred W Tibbets</i> MGRM			Date 4-1-04		Daytime Phone # 904-273-6525