

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Feb 09, 2005 08:00 AM
Secretary of State



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3659049	Applied For Not Applicable
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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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	MGRM TIBBETTS, TYLER D 2636 SENECA DRIVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBBETTS, ERIC W 1415 SILVERTHORN DRIVE QUINCY, IL 62305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/05-80028-019 50.00

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IN THIS SPACE**

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: Fred Tibbetts (Fred Tibbetts)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-5-05 904-273-6525
Date Daytime Phone #