2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # L01000004842 1. Entity Name SAND DOLLAR DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 479 HIGHWAY 20 EAST PO BOX 289 FREEPORT, FL 32439 FREEPORT, FL 32439 04242004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3706874 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WATSON, FRANKLIN H DO NOT WRITE 5365 E. COUNTY HIGHWAY 30A, SUITE 105 SEAGROVE BEACH, FL 32459 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE **MGRM** NAME IGNASIAK, ROBERT L STREET ADDRESS PO BOX 289 UC0303137178 04/29/64-20090-004 50.00 CITY-ST-ZIP FREEPORT, FL 32439 TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CifY-SI-7P TITLE IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

11. Thereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CATY-ST-ZIP

> Janastah Robert L. Ignusiuk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE