## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # L01000011951  1. Entity Name SANDHURST CAPITAL LLC						04-26-2004	90052 021 ****	50.00
Principal Place of Business 3057 NEW YORK STREET MIAMI, FL 33133		Mailing Address 3057 NEW YORK STREET MIAMI, FL 33133				IPIE: IIBII 861)  P6:14 86	** ***********************************	MBER 20 (RR)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212004	Chg-LLC	CR2E083 (10/03	)
City & State		City & State			4. FEI Number 65-1122		<b>├</b>	ot Applicable
Zip		Zip Coun		try	5. Certificate of Status Desired			
	6. Name and Address of Current R				7. Name and Address of New Registered Agent			
BARNES, REPOSA, COLE, PETRONE & INDOWSKY, 2929 EAST COMMERCIAL BLVD. SUITE 409 FT. LAUDERDALE, FL 33308				Street Address (	Name MEINHARDT, MEL  Street Address (P.O. Box Number is Not Acceptable)  3057 New York St			
FT. DAODE	INDALE, PL 30000			City Mian	. <del>-</del>		FL Zip Co	
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 Mell Mell J. Meinhardt 21 April 2004  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Fi De	ling Fee is \$50.00 ue by May 1, 2004						re check payable to a Department of Sta	ite
9.	MANAGING MEMBER	RS/MANAGERS	10.	<u> </u>		ADDITIONS	/CHANGES	
TITLE NAME	MGRM MEINHARDT, MEL J	☐ Delete	TITLE	Ε			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	IIAMI, FL 33133 cm			ET ADDRESS - ST-ZIP		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTIERREZ, THEODORE 18 TENNIS COURT ROAD OYSTER BAY, NY 11771	ROAD STR					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			in a party	\$ 61	— Change	■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete		i			☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	-	□ Delete	CITY	E Et address - St-Zip			☐ Change	☐ 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								