

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90070 025 \*\*\*\*50.00

0071983 /

**DOCUMENT # L01000016454**

1. Entity Name  
**THE SAND DUNES, L.L.C.**



Principal Place of Business: **221 MCKENZIE AVE. PANAMA CITY FL 32401**  
Mailing Address: **P.O. BOX 3 LA GRANGE IL 60525**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: **P.O. Box 4263**  
Suite, Apt. #, etc.

City & State: **Scottsdale, AZ**

Zip: **85261** Country: **Maricopa**

4. FEI Number: **59-3745457**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**HUTCHISON, EDWARD A JR.  
221 MCKENZIE AVE.  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ State: **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, 2003**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHIOVARI, LUCILLE 910 KATHLEEN DRIVE PALATINE IL 60067</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHIOVARI, VITO 910 KATHLEEN DRIVE PALATINE IL 60067</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PILEGGI, STANLEY 22913 JUDITH DRIVE PLAINFIELD IL 60544</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: **Stanley Pileggi** SIGNATURE REQUIRED: **Stanley Pileggi** Date: **4-6-03** Daytime Phone #: **708-259-1462**

CR2E083 (10/02)