

2002 UNIFORM BUSINESS REPORT (UBR)

01-21-2002 90019 024 ****50.00

L01000019802

DOCUMENT # L01000019802

1. Entity Name

SILVER SANDS, LLC

Principal Place of Business

2400 LOST BALL DRIVE
SEBRING FL 33872
US

Mailing Address

2400 LOST BALL DRIVE
SEBRING FL 33872
US

2. Principal Place of Business

3012 S.R. 17N.
Suite, Apt. #, etc.

3. Mailing Address

2400 LOST BALL DR.
Suite, Apt. #, etc.

City & State

SEBRING, FL 33870
Zip 33870 Country HIGHLANDS

City & State

SEBRING, FL
Zip 33872 Country

4. FEI Number

657156547

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

NUNNALLEE, THOMAS L
325 NORTH COMMERCE AVENUE
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name E.G. TOUCHTON JR.
Street Address (P.O. Box Number is Not Acceptable)
2400 LOST BALL DR.
City SEBRING FL Zip Code 33872

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.

SIGNATURE

E.G. TOUCHTON JR. E.G. TOUCHTON JR. 1/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM E.G. TOUCHTON, JR. 2400 LOST BALL DR. SEBRING, FL 33872	<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
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
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:

E.G. TOUCHTON JR. E.G. TOUCHTON JR. 1/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV -5 AM 10:53



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)