

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

City & State

SEBRING, FL

Zip

33870

Country

US

Zip

33872

Country

US

4. FEI Number

651156547

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NUNNALLEE, THOMAS L  
325 NORTH COMMERCE AVENUE  
SEBRING FL 33870

Name

E.G. TOUCHTON, JR.

Street Address (P.O. Box Number is Not Acceptable)

City

2400 Lost Ball Dr.

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

11/14/02

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
E.G. TOUCHTON, JR.  
2400 LOST BALL DR.  
SEBRING, FL 33872

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: E.G. TOUCHTON, JR. 11/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

02 NOV -5 AM 10:53  
L01000019802  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)