

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000019802 1. Entity Name SILVER SANDS, LLC	
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Principal Place of Business 3012 S.R. 17 N. SEBRING FL 33870 US	Mailing Address 2400 LOST BALL DRIVE SEBRING FL 33872
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E083 (10/07)

4. FEI Number 65-1156547	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TOUCHTON, E.G. JR. 2400 LOST BALL DRIVE SEBRING FL 33872
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 agents (please required when registering) DATE _____

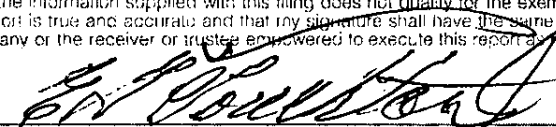
FILE NOW!!! FEE IS \$138.75.

After May 1, 2008, Fee Will Be \$538.75.

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOUCHTON, E.G. JR. 2400 LOST BALL DRIVE SEBRING FL 33872 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000802414 02/01/08-80058-013 138.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 638, Florida Statutes.

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

Date

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