
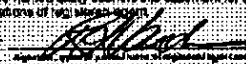



FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90550 005 ***50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

30053771

DOCUMENT #L02000011507			
1. Entity Name SANDPIPER, L.C.			
Principal Place of Business 228 ARCADIA TERRACE CELEBRATION, FL 34747		Mailing Address 228 ARCADIA TERRACE CELEBRATION, FL 34747	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 54-2069272		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent MILLER, DONALD W. 2000 PGA BLVD., STE. 4410 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Richard Vandermeer Street Address (P.O. Box Number is Not Acceptable) 228 Arcadia Terrace City Celebration FL 34747	
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 my new agent.			
SIGNATURE 		DATE 4-9-03	
9. MANAGING MEMBERS/MANAGERS			
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(b), Florida Statutes. I further certify that the information included 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 partner or trustee empowered to execute this report as required by Chapter 906, Florida Statutes.			
SIGNATURE 		DATE 4-9-03	