

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90427 017 \*\*\*\*50.00

**DOCUMENT # L02000024439**

1. Entity Name  
**DALTON SAND KEY, LLC**



Principal Place of Business  
**2840 WEST BAY DRIVE, SUITE 135  
BELLEAIR BLUFFS, FL 33770**

Mailing Address  
**2840 WEST BAY DRIVE, SUITE 135  
BELLEAIR BLUFFS, FL 33770**

**94034465**



03092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0522105**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARRIS, CHARLES M JR.  
200 CENTRAL AVENUE, SUITE 1230  
ST. PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DAGOSTINO, FRANK
STREET ADDRESS	1751 CHARITY DRIVE
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MGR
NAME	SIMON, JODY
STREET ADDRESS	16603 VILLALENDA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGR
NAME	LYONS, BOB
STREET ADDRESS	#8 GULF BLVD
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

3/11/04