2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State

DOCUMENT # L02000024999				Secretary of State			
1. Entity Nam SANDZA	LAND, LLC		08-23-2004 90151 005 ****55.00				
	k						
Principal Plac	e of Business	Mailing Address					
	JLF BLVD., #5 ACH, FL 33706	3606 1/2 GULF BLVD., # St. Pete Beach, FL 337			or regi		
	4	, , , , , , , , , , , , , , , , , , ,	,				
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc. '	Suite, Apt. #, etc.		07252004	Chg-LLC	CR2E083 (10/03)	
City & Stat	<u> </u>	City & State		4. FEI Number 5 - /0	1462	884 No	plied For t Applicable
Zip	Country	Zip	Country	<u> </u>	f Status Desired	\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New F	legistered Agent	
HOLLANDS, CHRISTOPHER R					·		
3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706				ss (P.O. Box Number is Not Acceptable)			
1	V. 0 4		City		 	FL Zip Code	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or registr	ered agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	legistered Agent signature requir	ed when reinstating)		DATE	
							
				1			
	ling Fee is \$50.00 by September 8, 2004					e check payable to a Department of State	9
		RS/MANAGERS	10.			a Department of State	e
Due 1	by September 8, 2004 MANAGING MEMBE MGR	RS/MANAGERS	TITLE		Florida	a Department of State	Addition
Due I	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R		TITLE NAME		Florida	CHANGES	
Due 1	by September 8, 2004 MANAGING MEMBE MGR		TITLE		Florida	CHANGES	
Due 1 1: 9. 11TLE NAME STREET ADDRESS	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5		TITLE NAME STREET ADDRESS		Florida	CHANGES	
: 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	A Department of State /CHANGES Change	Addition
Due 1 1: 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	A Department of State /CHANGES Change	Addition
Pue I 1 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	A Department of State /CHANGES Change	Addition Addition
Pue I 1 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	A Department of State /CHANGES Change	Addition
: 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	A Department of State /CHANGES Change	Addition Addition
Due 1 3 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	A Department of State /CHANGES Change	Addition Addition
Due 1 1 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	Change Change	Addition Addition
Pue I ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Change Change Change	Addition Addition Addition
Pue I 3 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Change Change	Addition Addition
Pue I 1 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Change Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Change Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Change Change Change	Addition Addition Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Change Change Change Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH, FL 33706	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Change Change Change Change	Addition Addition Addition 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 tenort as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE:
SIGNATURE OF SIGNING MANAGENO MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE

7 - 2 4 - 0 4 727 - 642 - 4