


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

DOCUMENT # L02000032193	
1. Entity Name Sands Construction Group, LLC	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 DEC 11 PM 1:19

12/18

DO NOT WRITE IN THIS SPACE

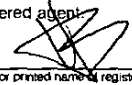
2. Principal Place of Business 7798 SW 102 Lane		3. Mailing Address PO Box 833203	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country Dade	Zip 33283	Country Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3878959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Harold Sanchez		
	Street Address (P.O. Box Number is Not Acceptable) 8857 SW 108th Place		
	City Miami	FL	Zip Code 33176

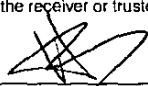
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Harold Sanchez, Manager** 12/8/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Harold Sanchez 8857 SW 108th Place, Miami FL. 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Scott Geschwill 9606 NW 8th Circle, Plantation, FL. 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800025629758 12/19/03--01031--002 **55.00
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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:  **Harold Sanchez** 12/8/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0835 (12/02)