

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90061 033 \*\*\*\*50.00



**DOCUMENT # L03000004902**  
 1. Entity Name  
**SANDDOLLAR PROPERTIES, LLC**

Principal Place of Business      Mailing Address  
**81 SEAGATE DRIVE, #801**      **81 SEAGATE DRIVE, #801**  
**NAPLES FL 34103**      **NAPLES FL 34103**

2. Principal Place of Business      3. Mailing Address  
**285 Grande Way**      **285 Grande Way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#1403**      **#1403**

City & State      City & State  
**NAPLES, FL**      **NAPLES, FL**  
 Zip      Country      Zip      Country  
**34110**      **USA**      **34110**      **USA**

4. FEI Number      Applied For  
**16-1653379**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00** Additional Fee Required



1st MOORE      CR2E083 (10/04)

6. Name and Address of Current Registered Agent  
**FORSMAN, CRAIG**  
**81 SEAGATE DRIVE, #801**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 Name **FORSMAN, CRAIG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**285 Grande Way**  
**#1403**  
 City **NAPLES**      FL      Zip Code **34110**

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 *Craig Forsman*      DATE **1/21/05**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FORSMAN, CRAIG</b> <b>81 SEAGATE DRIVE, #801</b> <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>285 Grande Way #1403</b> <b>NAPLES FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Craig Forsman*      Date **1/21/05**      Daytime Phone # **239-598-5333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #