L03000005912

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY -4 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34004377

MJH

DOCUMENT # L03000005912

1. Entity Name
SANDPIPER VILLAGE, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 6919 SPINNAKER BLVD.<br>ENGLEWOOD, FL 34224 | 6919 SPINNAKER BLVD.<br>ENGLEWOOD, FL 34224 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04092004 Chg-LLC CR2E083 (10/03) 5/4

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NEWELL, DARRYL A<br>6919 SPINNAKER BLVD.<br>ENGLEWOOD, FL 34224 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>3579 S Access Rd, Ste L<br>City Englewood FL Zip Code 34224 |

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**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition<br>Pres/Sec<br>Darryl Newell<br>3579 S Access Rd, Ste L<br>Englewood FL 34224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition<br>VP<br>Thomas Dignam<br>3579 S. Access Rd, Ste L<br>Englewood, FL 34224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>700033800637<br>04/26/04--01010--018 **261.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** _____ Pres. 4-13-04 941-474-9523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #