


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90450 009 \*\*\*\*55.00

DOCUMENT # L03000006904  
 1. Entity Name  
 TERRA SANDS AT CAPE SAN BLAS, LLC



Principal Place of Business  
 710 HIGHWAY 98  
 MEXICO BEACH, FL 32456

Mailing Address  
 PO BOX 98710  
 MEXICO BEACH, FL 32456

2. Principal Place of Business  
 106 S. 25th Street  
 Suite, Apt. #, etc.

3. Mailing Address  
 106 S. 25th Street  
 Suite, Apt. #, etc.

City & State  
 Mexico Beach, FL


City & State  
 Mexico Beach, FL

Zip  
 32456

Country

Zip  
 32456

Country



02232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 57-1162244

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENTON, RICHARD E  
 1415 EAST PIEDMONT DRIVE  
 STE. 4  
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Diane C. Hare, CPA

Street Address (P.O. Box Number is Not Acceptable)  
 2589 Jenks Avenue

City Panama City FL Zip Code 32405

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 Diane C. Hare, CPA DATE 03-24-04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
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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: Sherry Stone 4/12/04 Date 4/12/04 Daytime Phone # \_\_\_\_\_

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