


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90139 042 ****55.00

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

Principal Place of Business HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456	Mailing Address HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456
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20008909



2. Principal Place of Business 106 S. 25th Street	3. Mailing Address 106 S. 25th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02102006 Chg-LLC CR2E083 (11/05)

City & State Mexico Bch, FL	City & State Mexico Bch, FL
Zip 32456	Country
Zip 32456	Country

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	
STONE, SHARON E MGR HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456	

7. Name and Address of New Registered Agent	
Name Sharon Stone	
Street Address (P.O. Box Number is Not Acceptable) 106 S. 25th Street	
City Mexico Bch	FL Zip Code 32456

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  DATE _____

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

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EUBANKS, KAY W HC 3, BOX 98710 MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STONE & COMPANY, INC. HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stone & Company, Inc. 106 S. 25th Street Mexico Bch, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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:  Date **2/15/06**

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