


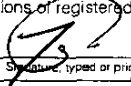
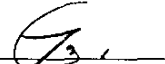
FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90034 048 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

60042353



DOCUMENT # L03000020432			
1. Entity Name SANDY RIDGE HOLDINGS, LLC			
Principal Place of Business 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317		Mailing Address 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317	
2. Principal Place of Business - No P.O. Box # 9265 White Blossom Way		3. Mailing Address 9265 White Blossom Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32309	Country USA	Zip 32309	Country USA
6. Name and Address of Current Registered Agent PAYNE, W. MARK 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317		7. Name and Address of New Registered Agent Name W. MARK PAYNE Street Address (P.O. Box Number is Not Acceptable) 9265 White Blossom Way City Tallahassee, FL Zip Code 32309	
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  MARK PAYNE, MEMBER (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, W. MARK 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. MARK PAYNE 9265 White Blossom Way Tallahassee, FL 32309 <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
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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:  MARK PAYNE		4-21-07 850-933-3788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	