

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90021 031 ****50.00

DOCUMENT # L03000022112

1. Entity Name
SANDPIPER REAL ESTATE ASSOCIATES, LLC



Principal Place of Business
**14421 METROPOLIS AVE STE 101
FORT MYERS, FL 33912**

Mailing Address
**989 BAL ISLE DRIVE
FT. MYERS, FL 33919**

20035094



2. Principal Place of Business

3. Mailing Address

14421 Metropolis Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

04182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Fort Myers, FL

4. FEI Number

55-0836955

Applied For

Not Applicable

Zip

Country

Zip

Country

33912

US

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

**WANDERON, THOMAS
368 106TH AVENUE NORTH
NAPLES, FL 34108**

Name
Walderon Thomas

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

809 Walkerbilt Rd #5

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-06

**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
ENNEN, WILLIAM C
989 BAL ISLE DRIVE
FT. MYERS, FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14421 Metropolis Ave, Suite 101
Fort Myers, FL 33912** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Bill Ennen

Bill Ennen

4/18/06

239-454-9154

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

Date

Daytime Phone #