


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90126 018 ***138.75

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 14421 METROPOLIS AVE STE 101 FORT MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box # 14311 Metropolis Ave	3. Mailing Address 14311 Metropolis Ave
Suite, Apt., #, etc. Suite 101	Suite, Apt., #, etc. Suite 101
City & State Fort Myers FL	City & State Fort Myers, FL
Zip 33912	Country 33912

60003059



01092008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent WALDERON, THOMAS 809 WALKERBILT RD 5 NAPLES, FL 34110	
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7. Name and Address of New Registered Agent	
Name William Ennen	
Street Address (P.O. Box Number is Not Acceptable) 14311 Metropolis Ave	
Suite, Apt., #, etc. Suite 101	
City Fort Myers	FL Zip Code 33912

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 <i>William C Ennen</i>	DATE 1-12-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE 14311 Metropolis Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENNEN, WILLIAM C		NAME Suite 101	
STREET ADDRESS 14421 METROPOLIS AVE STE 101		STREET ADDRESS Fort Myers, FL	
CITY-ST-ZIP FORT MYERS, FL 33912		CITY-ST-ZIP 33912	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>William C Ennen</i>	DATE 1-12-08 DAYTIME PHONE # 739-458-9117