2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032238 08 APR 27 PH 1: 44 1. Entity Name
SANDPILE, LLC SECREMANY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1111 THIRD AVE. WEST, STE. 110 1111 THIRD AVE. WEST, STE. 110 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address 1001 3RD AVENUE WEST 1001 3RD AVENUE WEST Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-LLC CR2E083 (11/05) SUITE 300 SUITE 300 City & State City & State 4. FEI Number Applied For 51-0488277 BRADENTON, FL BRADENTON, FL Not Applicable Country Country Ζiρ \$5.00 Additional 5. Certificate of Status Desired Fea Required 34205 USA 34205 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. BLALOCK, LANDERS, WALTERS & VOGLER, P.A. NOW Street Address (P.O. Box Number is Not Acceptable)
802 11 TR STREET WEST **802 11TH STREET WEST** BRADENTON, FL 34205 City Zip Code 34205 **BRADENTON** 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 primed name of legislated agent and the if applicable (NOTE: Registered Agent signsture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME SMITH, JAN E NAME 34 TIDY ISLAND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-51-7P CITY-ST-ZIP C Delete TITLE ☐ Change nne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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. -Xunth SIGNATURE: JAN E. SMITH, MGR (941) 748-6612 SIGNATURE AND TYPED OR PHINTED NAME OF SIGNAYO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APPHOVED

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