



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
FILED 04-26-2006 90149 015 \*\*\*\*\*50.00  
L03000032238

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000032238</b>					
1. Entity Name <b>SANDPILE, LLC</b>					
Principal Place of Business <b>1111 THIRD AVE. WEST, STE. 110 BRADENTON, FL 34205</b>			Mailing Address <b>1111 THIRD AVE. WEST, STE. 110 BRADENTON, FL 34205</b>		
2. Principal Place of Business <b>1001 3<sup>RD</sup> AVENUE WEST</b>		3. Mailing Address <b>1001 3<sup>RD</sup> AVENUE WEST</b>			
Suite, Apt. #, etc. <b>SUITE 300</b>		Suite, Apt. #, etc. <b>SUITE 300</b>			
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>			
Zip <b>34205</b>	Country <b>USA</b>	Zip <b>34205</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>BLALOCK, LANDERS, WALTERS &amp; VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205</b>			7. Name and Address of New Registered Agent <b>BLALOCK, WALTERS, HELD &amp; JOHNSON, P.A. 802 11<sup>TH</sup> STREET WEST BRADENTON, FL 34205</b>		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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 SMITH, JAN E 34 TIDY ISLAND BLVD BRADENTON, FL 34210	<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: JAN E. SMITH, MGR				4/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					