## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 20, 2005 08:00 AM Secretary of State DOCUMENT # L03000032409 1. Entity Name SANDMARK LLC Principal Place of Business Mailing Address 8828 LAUREL DR. 8828 LAUREL DR. PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 01102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0305312 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOVAN, MARK T DO NOT WRITE 8828 LAUREL DR. PINELLAS PARK, FL 33782 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinsfating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MCRM TIRLE GOVAN, MARK NAME U000000186617 8828 LAUREL DR. STREET ADDRESS 01/21/05-80063-005 50.00 PINELLAS PARK, FL 33782 CITY- ST-ZIP MGRM TITLE GOVAN, KATHLEEN NAME STREET ADDRESS 8828 LAUREL DR. CITY - ST-ZIP PINELLAS PARK, FL 33782 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trusted employered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**