## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 04, 2004 8:00 am **Secretary of State** DOCUMENT # L03000052554 1. Entity Name 03-04-2004 90069 036 \*\*\*\*50.00 SANDIPAT, LLC Principal Place of Business Mailing Address 3121 N.E. 43RD STREET 3121 N.E. 43RD STREET FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARLEN, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 110 EAST ATLANTIC AVE., SUITE 330 DELRAY BEACH FL 33444 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGRM TITLE ☐ Delete Change ☐ Addition NAME HAMMOND, E. MAY NAME STREET ADDRESS 3121 N.E. 43RD STREET STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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)(i), 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.

**FILED**