

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90148 039 ****50.00

DOCUMENT # L03000053680

1. Entity Name
SAND CASTLE PARTNERS LLC



Principal Place of Business
**161 MADEIRA AVENUE, SUITE 31
CORAL GABLES, FL 33134**

Mailing Address
**161 MADEIRA AVENUE, SUITE 31
CORAL GABLES, FL 33134**



04242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0520120

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, RAFAEL A
201 ALHAMBRA CIRCLE, SUITE 702
CORAL GABLES, FL 33134**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CASARIEGO, ORLANDO J
161 MADEIRA AVENUE, SUITE 31
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SANDOVAL, GREGORY P
161 MADEIRA AVENUE
CORAL GABLES, F 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-06 (305) 887-7058