

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013563

Entity Name: SANFORD 46 LLC

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

530 SOUTH RONALD REAGAN BLVD., SUITE 116
LONGWOOD, FL 32750

Current Mailing Address:

530 SOUTH RONALD REAGAN BLVD., SUITE 116
LONGWOOD, FL 32750

New Principal Place of Business:

530 SOUTH RONALD REAGAN BLVD.,
SUITE 116
LONGWOOD, FL 32750

New Mailing Address:

530 SOUTH RONALD REAGAN BLVD.,
SUITE 116
LONGWOOD, FL 32750

FEI Number: 45-0535409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKSIMOWICZ, ROBERT J
530 SOUTH RONALD REAGAN BLVD., SUITE 116
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

MAKSIMOWICZ, ROBERT J
530 SOUTH RONALD REAGAN BLVD.,
SUITE 116
LONGWOOD, FL 32750 US

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.

SIGNATURE: ROBERT J. MAKSIMOWICZ

04/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAKSIMOWICZ, ROBERT J TRUSTEE
Address: 530 SOUTH RONALD REAGAN BLVD., SUITE 116
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J. MAKSIMOWICZ

MM

04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date