2007 LIMITED LIABILITY COMPANY

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY: ST: ZIP ...

FILED **ANNUAL REPORT** Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # L04000021872** 1. Entity Name SAND DOLLAR HOME IMPROVEMENT LLC Principal Place of Business Mailing Address 2461 RIDGECREST AVE 2461 RIDGECREST AVE ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 CR2E083 (11/05) 04012007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0895818 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FENWICK, CHARLES L JR. DO NOT WRITE 2461 RIDGECREST AVE ORANGE PARK, FL 32065 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) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM FENWICK, CHARLES L JR Andrew States Andrew States Andrew States NAME 2461 RIDGECREST AVE STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 U00000724913 TITLE 05/03/07-80002-007 50.0M NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE 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 eath; that I am a managing member or manager of the true liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Chief home 17	APRO7	·
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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