## 2007 LIMITED LIABILITY COMPANY

STREET ADDRESS

CITY-S1-ZIP

## May 01, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L04000024048 SANDRIDGE ON THE GREEN LLC Principal Place of Business Mailing Address 812 N.W. 1ST STREET 812 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04302007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. EELNumber 75-3156947 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAMERAU, DAVID Street Address (P.O. Box Number is Not Acceptable) 812 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 Zip Code City FL 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 it applicable Fillng Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM THILE Change Addition TITLE ☐ Delete NAME 22ND CENTURY PROPERTIES LLC NAME STREET ADDRESS STREET ADDRESS 812 N.W. 1ST STREET CITY - ST - ZIP FORT LAUDERDALE, FL 33311 CITY-ST-ZIP 0.50. Addition Delete TITLE Change TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY+ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TIT1 F THLE NAME NAME

**FILED** 

SNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED/REPRESENTATIVE DB/ DRIVING DAVID PROTOS

STREET ADDRESS
CUTY-ST-ZIP

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 thereceiff or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.