2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000029974

1. Entity Name
SAND & SEA, LLC

20003203

Principal Place of Business	Mailing Address
46 SURF DRIVE	46 SURF DRIVE
ST. AUGUSTINE, FL 32080	ST. AUGUSTINE, FL 32080

01122005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
741 A1A Beach Blvd	741 A1A Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	
St. Augustine, Florida	St. Augustine, Florida	20-1184101	Applied For / Not Applicable

Zip 32080	Country USA St. Johns	Zip 32080	Country USA St. Johns

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCALOON, MANDEE A 46 SURF DRIVE ST. AUGUSTINE, FL 32080	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 1/18/05

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MCALOON, MANDEE STREET ADDRESS 46 SURF DRIVE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____   1/18/05   904-501-6949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #