

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036637

FILED
Apr 10, 2006
Secretary of State

Entity Name: OPEN SANDS LLC

Current Principal Place of Business:

4039 E. COUNTY HIGHWAY 30A
SEAGROVE BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

4039 E. COUNTY HIGHWAY 30A
SEAGROVE BEACH, FL 32459

New Mailing Address:

FEI Number: 20-1130552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLEY, LINDA S
4039 E. COUNTY HIGHWAY 30A
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

PERRY, AMY A
4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541 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: AMY A PERRY, ESQ.

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOUTH WALTON PROPERT, IES LLC
Address: 4039 E. COUNTY HIGHWAY 30A
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: MGR () Delete
Name: VENTURE SOUTH DEVELO, PMENT INC
Address: 3585 LAWRENCEVILLE-SUWANEE RD STE 302
City-St-Zip: SUWANEE, GA 30024

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: VENTURE SOUTH DEVELO, PMENT INC
Address: 3471 DONAVILLE STREET
City-St-Zip: DULUTH, GA 30096

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: SOUTH WALTON PROPERTIES, LLC

MGRM

04/10/2006

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