


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

04-09-2007 90344 043 ****50.00

DOCUMENT # L04000036637 1. Entity Name OPEN SANDS LLC	
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Principal Place of Business 4039E.COUNTYHIGHWAY30A SEAGROVEBEACH,FL32459	Mailing Address 4039E.COUNTYHIGHWAY30A SEAGROVEBEACH,FL32459
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DO NOT WRITE IN THIS SPACE



03212007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1130552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent.

**PERRY, AMY A
4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTH WALTON PROPERTIES LLC 4039 E. COUNTY HIGHWAY 30A SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTURE SOUTH DEVELOPMENT INC 3471 DONAVILLE STREET DULUTH, GA 30096
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**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 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:  **4.30.2007** **770.622.2226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #