

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90200 009 ****50.00

DOCUMENT # L04000038350

1. Entity Name
H2K2 SANDPIPER, LLC



Principal Place of Business
**5079 NORTH DIXIE HIGHWAY
#186
OAKLAND PARK, FL 33334**

Mailing Address
**5079 NORTH DIXIE HIGHWAY
#186
OAKLAND PARK, FL 33334**

60015100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
38-3703419

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LESTER, PAUL A
201 ALHAMBRA CIRCLE STE. 601
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **Robert S. Forman**
Street Address (P.O. Box Number is Not Acceptable)
2101 W. Commercial Blvd., Suite 2800
Ft. Lauderdale
City **Ft. Lauderdale** **FL** Zip Code **33309**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HUNTER, STILL III**
STREET ADDRESS **5079 NORTH DIXIE HIGHWAY #186**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE **MGRM** ☐ Delete
NAME **KRISTOL, EVAN P**
STREET ADDRESS **5079 NORTH DIXIE HIGHWAY #186**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/07

Date

954-245-3400

Daytime Phone #