

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90103 007 ****50.00

DOCUMENT # L04000039185					
1. Entity Name SANDSTONE, LLC					
Principal Place of Business 7022 IRONWOOD DRIVE ORLANDO, FL 32818			Mailing Address 7022 IRONWOOD DRIVE ORLANDO, FL 32818 <i>DO BOX 1236 HAINES CITY, FL 33845</i>		
2. Principal Place of Business <i>833 GRAND CAYMAN CT.</i> Suite, Apt. #, etc.			3. Mailing Address <i>PO BOX 1236</i> Suite, Apt. #, etc.		
City & State ORLANDO, FL		City & State HAINES CITY, FL		06082006 Chg-LLC CR2E083 (11/05)	
Zip 32835	Country US	Zip 33845	Country US	4. FEI Number 47-5133369	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ISENHOUR, TONY 7022 IRONWOOD DRIVE ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name: <i>TONY ISENHOUR</i> Street Address (P.O. Box Number is Not Acceptable) <i>833 GRAND CAYMAN CT.</i> City: <i>ORLANDO</i> FL Zip Code: <i>32835</i>		
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by September 6, 2006†		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - <i>owner</i> LAWSON, SHAWN 4247 BOMBER ROAD BARTON, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - <i>owner</i> VEGTER, JON 23 TERA LANE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTLER, JUSTIN PO BOX 718 EAGLE LAKE, FL 33839	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTLER, MICHAEL PO BOX 718 EAGLE LAKE, FL 33839	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUHRMAN, ANSEL PO BOX 513 BABSON PARK, FL 33827	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONY ISENHOUR - <i>owner</i> 833 GRAND CAYMAN CT ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - <i>OWNER</i> TONY ISENHOUR 833 GRAND CAYMAN CT. ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			6-9-06 321-662-2105 Date Daytime Phone #		