

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041706

Entity Name: THE ELECTRIC SANDBOX, LLC

FILED
May 29, 2006
Secretary of State

Current Principal Place of Business:

550 BRICKELL AVE
PENTHOUSE 2
MIAMI, FL 33131

New Principal Place of Business:

100 S.E. 2ND STREET
SUITE 3300
MIAMI, FL 33131

Current Mailing Address:

550 BRICKELL AVE
PENTHOUSE 2
MIAMI, FL 33131

New Mailing Address:

100 S.E. 2ND STREET
SUITE 3300
MIAMI, FL 33131

FEI Number: 20-1226108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, WALLACE L JR`
550 BRICKELL AVE
PENTHOUSE 1
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEWIS, WALLACE L JR`
100 S.E. 2ND STREET
SUITE 3300
MIAMI, FL 33131 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: _____

05/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEWIS, WALLACE L JR.
Address: 550 BRICKELL AVENUE, PH 1
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEWIS, WALLACE L JR.
Address: 100 S.E. 2ND STREET, SUITE 3300
City-St-Zip: MIAMI, FL 33131

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: WALLACE L. LEWIS, JR.

MGR

05/29/2006

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