

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90373 007 \*\*\*\*50.00

<b>DOCUMENT # L04000047161</b>					
<b>1. Entity Name</b> SAND CASTLE #7 LLC					
<b>Principal Place of Business</b> P.O. BOX 1253 GULF BREEZE, FL 32562			<b>Mailing Address</b> P.O. BOX 1253 GULF BREEZE, FL 32562		
<b>2. Principal Place of Business - No P.O. Box #</b> 6982 PINE FOREST RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6982 PINE FOREST RD Suite, Apt. #, etc.			
<b>City &amp; State</b> PENSACOLA, FL Zip <b>32526</b> Country <b>USA</b>		<b>City &amp; State</b> PENSACOLA, FL Zip <b>32526</b> Country <b>USA</b>		<b>4. FEI Number</b> 20-1284811	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MIAMI CENTER REGISTERED AGENTS, LLC 201 SOUTH BISCAYNE BOULEVARD STE. 1700 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERLIN, HOWARD J 201 S. BISCAYNE BOULEVARD STE. 1700 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, JO ALICE 201 S. BISCAYNE BOULEVARD STE. 1700 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6982 PINE FOREST RD. PENSACOLA, FL 32526	
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<b>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.</b>					
<b>SIGNATURE:</b>			4/17/07 (850) 232-4173		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		