

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047161

Entity Name: SAND CASTLE #7 LLC

FILED  
Feb 24, 2009  
Secretary of State

## Current Principal Place of Business:

6982 PINE FOREST RD  
PENSACOLA, FL 32526

## New Principal Place of Business:

11 E GALVEZ CT  
PENSACOLA BEACH, FL 32561

## Current Mailing Address:

6982 PINE FOREST RD  
PENSACOLA, FL 32526

## New Mailing Address:

P O BOX 1253  
GULF BREEZE, FL 32562

FEI Number: 20-1284811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC  
201 SOUTH BISCAYNE BOULEVARD STE. 1700  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BERLIN, HOWARD J  
Address: 201 S. BISCAYNE BOULEVARD STE. 1700  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: HALL, JO ALICE  
Address: 6982 PINE FOREST RD  
City-St-Zip: PENSACOLA, FL 32526

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HALL, JO ALICE  
Address: 11 E GALVEZ CT  
City-St-Zip: PENSACOLA BEACH, FL 32561

I hereby certify that the information supplied with this filing does not qualify 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: JO ALICE HALL

MGR

02/24/2009

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