

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048097

FILED
Mar 18, 2006
Secretary of State

Entity Name: SANDLAKE INVESTMENTS GROUP, LLC

Current Principal Place of Business:

720 WEST OAK STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

9430 TURKEY LAKE ROAD
STE 108
ORLANDO, FL 32819

Current Mailing Address:

720 WEST OAK STREET
KISSIMMEE, FL 34741

New Mailing Address:

9430 TURKEY LAKE RD
STE 108
ORLANDO, FL 32819

FEI Number: 55-0872622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, RAZA
720 WEST OAK STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

SHAH, RAZA
9430 TURKEY LAKE RD
STE 108
ORLANDO, FL 32819 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:

03/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAH, RAZA
Address: 720 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: MAHMOOD, JAFFAR
Address: 720 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAH, RAZA
Address: 9430 TURKEY LAKE RD STE 108
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change () Addition
Name: MAHMOOD, JAFFAR
Address: 9430 TURKEY LAKE RD STE 108
City-St-Zip: ORLANDO, FL 32819

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: RAZA SHAH

MGRM

03/18/2006

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