2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2007 08:00 AN Secretary of State

	ANNUAI	L REPORT		10		Feb	09, 200	7	08:00
DOCUMENT # L04000048161 1. Entity Name						S	Secretar	у 0	of Stat
SANDLE	R HEIGHTS LAND DEVEL	OPMENT, LLC							
Principal Plac	ce of Business	Mailing Address	1		1				
6101 GAZEE	80 PARK PL N, STE 107 LE, FL 32257	6101 GAZEBO PARK P	6101 GAZEBO PARK PL N, STE 107 JACKSONVILLE, FL 32257						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01302007	Chg-LLC	CR2E083 (12	2/06)		
City & Stat	le .	City & State		4. FEI Numi 56-66	ber 35282			Applicable	
Zıp	Country Zip		Country	5. Certificate of Status Desired See Rec					
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New R	egistered Agent		
SHEFFIELD & BOATRIGHT, P.A.				Name					
6101 GAZ	EBO PARK PL N, STE 107 VILLE, FL 32257	Stre		et Address (s (P.O. Box Number is Not Acceptable)				
			City				FL Z ₁	p Code	
R The above	named entity submits this statement (or the gurages of changing its	registered offic	o or register	red agent or b	oth, in the State of Fig		r with a	ind accept
	tions of registered agent.	or the purpose of changing ha	s registered ome	e or registor	ou agont, or o	out, in the ordina of the	mas. Tamveniiia	*******	a docopi
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOT	E: Registered Agent	ignature required	d when reinstating)		DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State				
	ue by may 1, 2007						Department of	Otato	
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGR	☐ Deleie	TITLE				☐ Ct	nange	Addition
NAME STREET ADDRESS	SHACTER, DAVID 6101 GAZEBO PARK PL N. STI	≣ 107	NAME STREET ADDR	ESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP						
DILE		☐ Defele	TITLE			Hannar	10-2000 72 G	ange	Addition
NAME STREET ADDRESS			NAME STREET ADDR	ree		0000000 02/19/07)629673	50.	.nn l
CITY-ST-ZIP			CITY-ST-ZIP	33		COLL ACT OF			
TITLE		☐ Delete	TITLE				□ CI	алде	Addition
NAME			NAME						
STREET ADORESS CITY-ST-ZIP			STREET ADOR	ESS					
TITLE		Delete	TITLE				C) CI	nange	Addition -
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADOR	ESS					
TIFLE		□ Delete	TITLE					nange	Addition
NAME		L Delete	NAME					•-	
STREET ADDRESS			STREET ADOR	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				☐ CI	nange	Addition
PAME CONTRACTOR			CIBCLI ADDO	cce					

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 requiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 6th, 2007

904-493-7850