


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90028 008 ****50.00

DOCUMENT # L04000055876

1. Entity Name
SAND PINES GROVE LLC



Principal Place of Business 2805 E OAKLAND PK BLVD SUITE 346 FT LAUDERDALE, FL 33306 US	Mailing Address 2805 E OAKLAND PK BLVD SUITE 346 FT LAUDERDALE, FL 33306 US
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04212006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1418122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACCALLUM, VICTORIA J
 2805 E OAKLAND PK BLVD
 SUITE 346
 FT LAUDERDALE, FL 33306

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACCALLUM, VICTORIA 2805 E OAKLAND PK BLVD, #346 FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, KEVIN R 2805 E OAKLAND PK BLVD FT LAUDERDALE, FL 33306
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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.

SIGNATURE: *Victoria J MacCallum* Date: 4/20/06 Daytime Phone #: 954-568-5783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE