
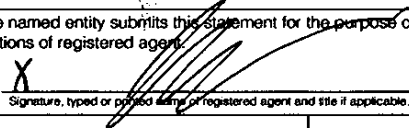
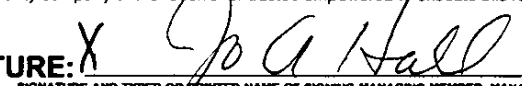


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90317 002 ****50.00

DOCUMENT # L04000060354 1. Entity Name SAND CASTLE #35, LLC					
Principal Place of Business P.O. BOX 1253 GULF BREEZE, FL 32562			Mailing Address P.O. BOX 1253 GULF BREEZE, FL 32562		
2. Principal Place of Business - No P.O. Box # 6982 PINE FOREST Rd Suite, Apt. #, etc.		3. Mailing Address 6982 PINE FOREST Rd Suite, Apt. #, etc.			
City & State PENSACOLA, FL Zip 32526		Country USA		City & State PENSACOLA, FL Zip 32526	
Country USA		4. FEI Number 20-1489531			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOUNTAIN LAW FIRM, P.A. 2450 FOUNTAIN PROFESSIONAL CR. NAVARRE BEACH, FL 32566			7. Name and Address of New Registered Agent Name MIAMI CENTER REGISTERED AGENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD SUITE 1700 City MIAMI		
FL Zip Code 33131			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 X  DATE 4/30/07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, JO A 943 GULF BREEZE PARKWAY, #38 GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6982 PINE FOREST Rd. PENSACOLA, FL 32526	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUCH, CONNA 31 E. GALVEZ CT. PENSACOLA BEACH, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X 			Date 4/17/07 (850) 232-4173		