
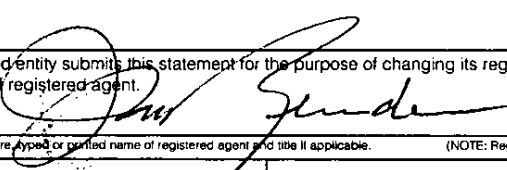
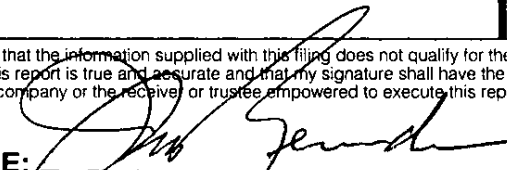


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90173 031 ****50.00

DOCUMENT # L04000065833					
1. Entity Name SANFILCO LLC					
Principal Place of Business 8099 PALOMINO DRIVE NAPLES, FL 34113			Mailing Address 8099 PALOMINO DRIVE NAPLES, FL 34113		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address SANFILCO LLC			
Suite, Apt. #, etc. 3185 So. Horseshoe DR.		Suite, Apt. #, etc. 3185 So. Horseshoe DR.			
City & State Naples, FL		City & State Naples FL			
Zip 34104		Country USA		Zip 34104	
Country USA		4. FEI Number 20-1843645			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REINDERS, JAMES M 997 NORTH COLLIER BOULEVARD SUITE G MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name REINDERS, James M. Street Address (P.O. Box Number is Not Acceptable) 3185 So. Horseshoe DR. City Naples FL FL Zip Code 34104		
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 5/13/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINDERS, JAMES M 997 NORTH COLLIER BOULEVARD, SUITE G MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINDERS, James M. 3185 So. Horseshoe Dr Naples, FL 34105 <input checked="" 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	
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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:  DATE 5/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					