
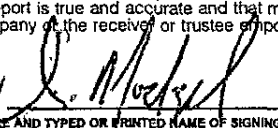


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

| | | |
|--|---|---|
| DOCUMENT # L04000067236 | |  |
| 1. Entity Name SANDTOWN, LLC | | |
| Principal Place of Business 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407 US | | Mailing Address P.O. BOX 9022 PANAMA CITY BEACH, FL 32417 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent | | DO NOT WRITE IN THIS SPACE |
| MODZEL, JOSEPH 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MODZEL, JOSEPH 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JANOVYAK, DONALD 8730 THOMAS DRIVE #1110E PANAMA CITY BEACH, FL 32408 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | Date 1.17.06 Daytime Phone # 8502339735 |



01172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1651536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

000000399361
01/25/06-80018-012 50.00

**DO NOT WRITE
IN THIS SPACE**