2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 17, 2006 08:00 AM Secretary of State

ANNUAL REPURI
DOCUMENT # L04000072698
1. Entity Name SANCTUARY INVESTORS, LLC

Principal Place of Business

Mailing Address

4399 COMMONS DRIVE EAST

4399 COMMONS DRIVE EAST SUITE 300

SUITE 300 DESTIN, FL 32541

DESTIN, FL 32541



DO NOT WRITE IN THIS SPACE

02072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1779541 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and Addres	s of Current	Registered Agent

RUNNELLS, DAVAGE J III 4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changings of registered agent.	glng its registered offi	ice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	•
SIGNATURE	Signalure, typed or printed name of registered agent and life if applicable.	(NOTE: Registered Agent	signature required when teinstating)	DATE	
FI D	Ning Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
CITCE NAME STREET ADDRESS COTY-ST-ZIP	MGR KERBAUGH, GLYN JR PO BOX 729 DANVILLE, KY 42422				
TITLE HAME STREET ADDRESS CITY - ST - 21P				UR0080471682 03/29/86-90006-015-50,00	
TITLE NAME STREET ADORESS CATY-ST-ZIP			DO	NOT WRITE	
HITLE HAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE	
TITLE NAME STRELT ADDRESS (CITY-ST-ZIP					
TITLE					

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

SIGNATURE:

NAME STREET ADDRESS CITY -ST-ZIP

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

2-10-06

866 S/07
Daytime Phone >