


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90069 045 ****50.00

DOCUMENT # L04000072852	
1. Entity Name SANDS NORTH, L.L.C.	

Principal Place of Business 201 SOUTH MONROE STREET, SUITE 500 TALLAHASSEE, FL 32301	Mailing Address 201 SOUTH MONROE STREET, SUITE 500 TALLAHASSEE, FL 32301
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2. Principal Place of Business 101 North Monroe Street	3. Mailing Address 101 North Monroe Street
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301	Country USA



01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1746326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, WILTON R 201 SOUTH MONROE STREET, SUITE 500 TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Wilton R. Miller Street Address (P.O. Box Number is Not Acceptable) 101 North Monroe Street Suite 900 City Tallahassee FL Zip Code 32301	

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.

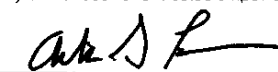
SIGNATURE  **Wilton R. Miller** 1/24/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, ARTHUR S 2968 ST. STEVENS DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Freeman, Arthur S. 1403 Maclay Commerce Dr., Suite 2 Tallahassee, FL 32312 <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:  1/25/06 (850) 933-4838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Arthur S. Freeman