

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074258

FILED
Feb 27, 2005
Secretary of State

Entity Name: SANDPIPER PROPERTIES, LLC

Current Principal Place of Business:

5190 MAINSTREAM CIRCLE
NORCROSS, GA 30092

New Principal Place of Business:

4446 SANDPIPER LANE
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

5190 MAINSTREAM CIRCLE
NORCROSS, GA 30092

New Mailing Address:

180 ALLEN ROAD
SUITE 302 SOUTH
ATLANTA, GA 30328 US

FEI Number: 65-1234774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFER, ELLIOT J
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SILVERMAN, AARON
Address: 5190 MAINSTREAM CIRCLE
City-St-Zip: NORCROSS, GA 30092

Title: MGRM () Delete
Name: CATALDO, SUSAN
Address: 501 IRON MOUNTAIN ROAD
City-St-Zip: CANTON, GA 30115

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SILVERMAN, AARON
Address: 5190 MAINSTREAM CIRCLE
City-St-Zip: NORCROSS, GA 30092 US

Title: MGRM (X) Change () Addition
Name: CATALDO, SUSAN
Address: 504 IRON MOUNTAIN ROAD
City-St-Zip: CANTON, GA 30115 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AARON SILVERMAN

MGRM

02/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date