2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 05, 2006 8:00 am Secretary of State

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DOCUMENT # L0400078293 1. Entity Name SAND LAKE SHOPPES LLC							07-05-2006	5 901 04 U U 4 <i>(</i>		0.00
Principal Place of Business Mailing Address							~	0011		
SAND LAKE SHOPPES LLC SAND LAKE SHOPPES LL										
	E ROAD, SUITE 50	849 WYMORE ROAD, SUITE 50					•,	, •		
ALTAMONTE	SPRINGS, FL 32714	ALTAMONTE SPRINGS, I	FL 3271	14		1 (2011)				
L		2 Mailion Address								
2. Principal F	Place of Business	3. Mailing Address						E E E		
Suite, Apt.	# etc	Suite, Apt. #, etc.								
, Gano, ripti						07032006	Chg-LLC	CR2I	E083 (11/05)	
City & Stat	te	City & State				4. FEI Numb	per		Ap	plied For
						30-028	31060		No	t Applicable
Zip	Country	Zip Cou		ntry 5. Certific		5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent	i			7. Name an	d Address of New	Registere	d Agent -	
				Name						
ABRIOLA,			Stroot Address			O Boy Numi	per is Not Acceptab	via)		
	DRAN PARK DRIVE PARK, FL 32792		Street Address (F			.O. DOX NUM	oei is Not Acceptab			
WING LIVE	ANN, 12 32132									
			City			····			■ Zip Cod	Я
							FL Zip Code			
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or r	registere	ed agent, or b	oth, in the State of F	Florida. I a	m familiar with,	and accept
the obliga	lions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if annietyble (NOTE	: Pagustaran	Agest signature	na recument	when reinstating)		DATE	:	
· ·	Signature, types or printed harrie or registered agent.	and the mappingame. (1401)	nagistorou	1 Ağeni siğileten	e required	when (chataling)		DATE	·	
Fi Due	ling Fee is \$50.00 by September 6, 2006					Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	S/CHANG	ES	
TITLE	MGR	☐ Delete	TITLE						☐ Change	Addition
NAME	ABRIOLA, GARY		NAME	.						
STREET ADDRESS	800 SEMORAN PARK DRIVE			ET ADDRESS						
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-	ST-ZIP						
TITLE	MGR	☐ Delete	TITLE						Change	☐ Addition
NAME	ABRIOLA, DENNIS J		NAME							
STREET ADDRESS CITY-ST-ZIP	800 SEMORAN PARK DRIVE			ET ADDRESS ST-ZIP						
	WINTER PARK, FL 32792							· ·		
NAME	MGR ABRIOLA, RONALD V	☐ Detete	TITLE	.1_	-	- -			☐ Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	WINTER PARK, FL 32792			ST-ZIP						
TITLE	,	☐ Delete	TITLE						☐ Change	☐ Addition
NAME		DOIGH	NAME	I						
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		□ Delete	TITLE						Change	Addition
NAME			NAME	.						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	1		CITY-	·ST-ZIP						
										☐ 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 receive for trustee employered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4/0/66 SIGNATURE AND TYPED OR PENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

NAME

STREET ADDRESS

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