

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082999

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SANDBAR DEVELOPMENT GROUP, LLC

## Current Principal Place of Business:

70 WIMBERLY WAY  
THE WOODLANDS, TX 77385

## New Principal Place of Business:

95 N ALTWOOD CIR  
THE WOODLANDS, TX 77382

## Current Mailing Address:

70 WIMBERLY WAY  
THE WOODLANDS, TX 77385

## New Mailing Address:

95 N ALTWOOD CIR  
THE WOODLANDS, TX 77382

FEI Number: 56-2489147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

MERRITT, TOM  
939 JENKS AVENUE  
PANAMA CITY, FL 32401 US

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: TOM MERRITT

04/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STANLEY, DAVID N  
Address: 90 PLUM CREST CIRCLE  
City-St-Zip: THE WOODLANDS, TX 77382

Title: MGRM ( ) Delete  
Name: KROTEE, ROBERT L  
Address: 70 WIMBERLY WAY  
City-St-Zip: THE WOODLANDS, TX 77385

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: STANLEY, JODIE  
Address: 90 PLUM CREST CIRCLE  
City-St-Zip: THE WOODLANDS, TX 77382

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT KROTEE

MGRM

04/22/2009

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