

-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90045 011 ****50.00

DOCUMENT # L04000084077



1. Entity Name
KDJ SANDESTIN, L.L.C.

Principal Place of Business
**6201 CORTEZ RD. W.
 BRADENTON, FL 34210**

Mailing Address
**6201 CORTEZ RD. W.
 BRADENTON, FL 34210**

40057800



01182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
20-1917092

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NORTON, SAM D
 1819 MAIN STREET, SUITE 610
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGR	ODEN, KEVIN	1510 CROCKER ST.	SARASOTA, FL 34231				
MGR	ODEN, JAN	62 TIDY ISLAND BLVD.	BRADENTON, FL 34210				
MGR	HARDY, DANIEL	8307 MARINA DR.	HOLMES BEACH, FL 34217				

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1/30/06**
 Daytime Phone # _____