#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000084077

KDJ SANDESTIN, L.L.C.



**FILED** Mar 21, 2007 08:00 A **Secretary of State** 

Principal Place of Business

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

6201 CORTEZ RD. W. BRADENTON, FL 34210



01242007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-1917092 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

#### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

### DO NOT WRITE IN THIS SPACE

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 Florid.	<ul> <li>I am familiar with, and accept</li> </ul>
the obligations of registered agent.	

SIGNATURE.

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, 2007

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

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## DO NOT WRITE IN THIS SPACE

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 reperior or true exposured to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davtima Phone #