
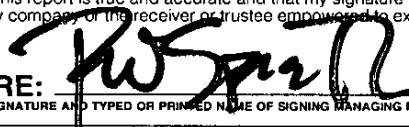


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90537 010 ****50.00

DOCUMENT # L04000086314					
1. Entity Name SAND CASTLES REALTY, LLC					
Principal Place of Business 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 US			Mailing Address 2715 TAMiami TRAIL PORT CHARLOTTE, FL 33952 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		2187 Trade Center Way #3			
City & State		Naples Florida			
Zip	Country	Zip	Country	02032005 Chg-LLC CR2E083 (10/03)	
34109	US	34109	US	4. FEI Number 20-1939621	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICI, JAMES R ESQ C/O COX & NICI, 1185 IMMOKALEE ROAD SUITE 110 NAPLES, FL 34110			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPIETH, RICHARD W		NAME	SPIETH, RICHARD W	
STREET ADDRESS	2715 TAMiami TRAIL		STREET ADDRESS	2715 Tamiami Trail	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, EDWARD J		NAME	HERNANDEZ, EDWARD J	
STREET ADDRESS	2715 TAMiami TRAIL		STREET ADDRESS	2715 Tamiami Trail	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Richard Spieth Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/17/05 Daytime Phone #		