


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 AM 11:00

DOCUMENT # L04000086318	
1. Entity Name SAND CASTLES ESTATE HOMES, LLC	

Principal Place of Business 2187 TRADE CENTER WAY #3 NAPLES, FL 34109 US	Mailing Address 2187 TRADE CENTER WAY #3 NAPLES, FL 34109 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country




01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0550049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NICI, JAMES R ESQ. C/O COX & NICI 1185 IMMOKALEE ROAD, SUITE 110 NAPLES, FL 34110	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.

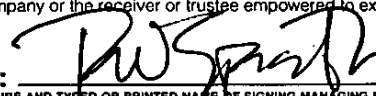
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIETH, RICHARD W 2187 TRADE CENTER WAY, #3 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPIETH, RICHARD W. 2187 Trade Center Way #3 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, EDWARD J 2187 TRADE CENTER WAY, #3 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERNANDEZ, EDWARD J 2187 Trade Center Way #3 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHANER, BILL 2187 TRADE CENTER WAY, #3 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHANER, BILL 2187 TRADE CENTER WAY #3 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SPIETH, ROBERT 2187 TRADE CENTERWAY #3 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200045620942
01/31/05--01007--013 **50.00

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:  PE President	Date: 1/21/05	Daytime Phone #: (239) 289-8804
---	---------------	---------------------------------