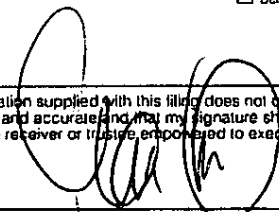


FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90201 026 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000000444 1. Entity Name SANDROCK, LLC			20017001
Principal Place of Business JOSEF POMMER GASSE 30, A1130 VIENNA AUSTRIA, FL		Mailing Address 20 N ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801	
2. Principal Place of Business In der Klausen 33		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State 1230 Vienna		City & State	
Zip Austria		Zip Country	
4. FEI Number 20-2095117		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P A 20 N ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino & Brown, P A. 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 Hendry, Stoner, Calandrino & Brown, P A. By:  4/28/06 SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revoluting)			
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 MGR KONRAD HT GOLL JOSEF POMMER GASSE 30. A1130 VIENNA AUSTRIA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP In der Klausen 33 1230 Vienna Austria	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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:  3/8/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			