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Secretary of State

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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000000444

1. Entity Name
SANDROCK, LLC

2001760I

Principal Place of Business	Mailing Address
JOSEF POMMER GASSE 30, A1130 VIENNA AUSTRIA, FL	20 N ORANGE AVENUE. SUITE 600 ORLANDO, FL 32801

01172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
In der Klausen 33	
Suite, Apt # etc	Suite Apt # etc
City & State: 1230 Vienna	City & State
Zip / Country: 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	7. Name and Address of New Registered Agent
HENDRY, STONER, DELANCETT & BROWN, P A 20 N ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801	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

SIGNATURE Hendry, Stoner, Calandrino & Brown, P.A. By: ✓ [signature] 2/28/06

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, 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	☒ Change ☐ Addition In der Klausen 33 1230 Vienna Austria
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 3/8/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #