

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90034 002 ****50.00

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L05000001047 | | | | | |
| 1. Entity Name SANDCASTLE LLC | | | | | |
| Principal Place of Business 147 NW 3RD AVENUE DANIA BEACH, FL 33004 US | | | Mailing Address P.O. BOX 22181 FT. LAUDERDALE, FL 33335 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 08172006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent RICKS, CARL B 147 NW 3RD AVENUE DANIA BEACH, FL 33004 | | | 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 | | Carl B. Ricks | | 8/25/06 | |
| 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 September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RICKS, CARL B P.O. BOX 22181 FT. LAUDERDALE, FL 33335 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Equity, Inc. EQUITY PLUS, INC. 3225 McLeod Drive, Suite 100 Las Vegas, NV 89121 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: | | Carl B. Ricks, Pres., Equity, Inc. Equity Plus, Inc. | | 8/25/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DATE | | Daytime Phone # | |