


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90010 025 ****50.00

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| DOCUMENT # L05000005047 |  |
| 1. Entity Name SANDERS BROTHERS LONGWOOD PROPERTY, LLC | |

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|---|---|
| Principal Place of Business 1254 VIZCAYA LAKE ROAD, #207 OCOE, FL 34761 | Mailing Address 1254 VIZCAYA LAKE ROAD, #207 OCOE, FL 34761 |
|---|---|

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|--|---|
| 2. Principal Place of Business 750 N HWY 17-92 | 3. Mailing Address 935 LONGDALE AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State LONGWOOD, FL | City & State LONGWOOD, FL |
| Zip 32750 | Zip 32750 |
| Country | Country |



03202006 Chg-LLC CR2E083 (11/05)

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|---|--|
| 4. FEI Number 20-0634542 | 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 STANLEY, NORMA 215 NORTH EOLA DRIVE ORLANDO, FL 32801 | |
| 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 _____

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| 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 | VP SANDERS, JR, BOBBY J 1824 MARSHALL DRIVE LONGWOOD, FL 32750 <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 | P SANDERS, DANNON 2350 SPRING GARDEN AVE DELAND, FL 32720 <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 |
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| 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 |

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: X  **BOBBY SANDERS - VP** **3-22-06** **407-831-4494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #