

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010728

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: SAND DOLLAR MANAGEMENT, L.L.C.

## Current Principal Place of Business:

499 N. STATE ROAD 434, STE 2069  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

801 W. SR 436  
SUITE 2065  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

499 N. STATE ROAD 434, STE 2069  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

931 N. SR 434  
SUITE 1201-202  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 52-2451141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNOLD, G. ROBERT JR  
499 N. STATE ROAD 434, STE 2069  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

ARNOLD, G. ROBERT JR  
801 W. SR 436  
SUITE 2065  
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: G. ROBERT ARNOLD, JR.

01/23/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ARNOLD, G. ROBERT JR  
Address: 931 N. STATE ROAD 434, STE 1201-202  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: G. ROBERT ARNOLD, JR.

MGR

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date