2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L05000034224

Entity Name: SAND BARON PROPERTIES, LLC

Current Principal Place of Business:

336 GOLFVIEW ROAD
#801
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

1685 NE DARLICH STREET
JENSEN BEACH, FL 34957 US

Current Mailing Address:

336 GOLFVIEW ROAD
#801
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

407 TRAPPERS RUN DRIVE
CARY, NC 27513 US

FEI Number: 38-3720583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, BRIAN V
336 GOLFVIEW ROAD
#801
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OLSON, DANIEL R
Address: 336 GOLFVIEW ROAD, #801
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGRM ( ) Delete
Name: BURKE, BRIAN V
Address: 336 GOLFVIEW ROAD, #801
City-St-Zip: NORTH PALM BEACH, FL 33408 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OLSON, DANIEL R
Address: 407 TRAPPERS RUN DRIVE
City-St-Zip: CARY, NC 27513 US

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

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL R. OLSON MGRM 03/06/2009

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