

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90274 011 \*\*\*\*50.00

**DOCUMENT # L05000044400**

1. Entity Name  
**CACTUS SANDSCOVE, LLC**



Principal Place of Business  
**1899 VISTA ROYALE BLVD.  
ORLANDO, FL 32835-8177**

Mailing Address  
**PO BOX 97  
GOTHA, FL 34734**



2. Principal Place of Business - No P.O. Box #

**2710 Rew Cr**

3. Mailing Address

Suite, Apt. #, etc.

**Ste 200**

Suite, Apt. #, etc.

City & State

**Ocoee FL**

City & State

Zip

**34761**

Country

Zip

Country

01152007

Chg-LLC

CR2E083 (12/06)

4. FEI Number  
**20-2901555**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUSH, RANDOLPH J  
250 PARK AVENUE SOUTH, 5TH FLOOR  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Colburn, John D**

Street Address (P.O. Box Number is Not Acceptable)

**2710 Rew Cr, Ste 200**

City

**Ocoee**

FL

Zip Code

**34761**

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

*[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**1-15-07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
COLBOURN, WILLIAM  
1899 VISTA ROYAL BLVD  
ORLANDO, FL 32835** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
Colburn, William  
2710 Rew Cr Ste 200  
Ocoee, FL 34761** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-15-07 407 877 0371**

Date

Daytime Phone #