2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000044400

1. Entity Name
CACTUS SANDSCOVE, LLC

Principal Place of Business	Mailing Address
2710 REW CR STE 200 OCOEE, FL 34761	PO BOX 97 GOTHA, FL 34734

DO NOT WRITE IN THIS SPACE

ᴜ ᴜ ᴜ ᴜ ᴊ ᴜ ᴜ ᴜ

01082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-2901555		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLBURN, JOHN D
2710 REW CR, SUITE 200
OCOEE, FL 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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COLBOURN, WILLIAM
STREET ADDRESS	2710 REW CR STE 200
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   2-19-08   407 871 0371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #