

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90167 032 ****50.00

DOCUMENT # L05000044406
 1. Entity Name
 7307 SANDSCOVE, LLC



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

Mailing Address
 1899 VISTA ROYLE BLVD.
 ORLANDO, FL 32835-8177

20005019

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 97
 Suite, Apt. #, etc.

City & State
 City & State
 Gotha FL

Zip
 34734

Country
 USA



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2901461

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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____ Date: 1-23-06 Daytime Phone #: 407 877 0371
SIGNATURE IS EITHER TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE