
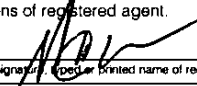
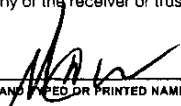


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-15-2007 90274 010 ****50.00

DOCUMENT # L05000044406					
1. Entity Name 7307 SANDSCOVE, LLC					
Principal Place of Business 1899 VISTA ROYLE BLVD. ORLANDO, FL 32835-8177			Mailing Address P.O. 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		4. FEI Number 20-2901461	
Zip 34761		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 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: 				DATE: 1-17-07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLBURN, JOHN D 1899 VISTA ROYALE BLVD ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Colburn, John D 2710 Rew Cr Ste 200 Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 				DATE: 1-17-07 Daytime Phone #: 401 877 0371	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	