

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046189

Entity Name: SAND, LLC

FILED  
Jul 05, 2006  
Secretary of State

**Current Principal Place of Business:**

6551 LOISDALE COURT, SUITE 900  
SPRINGFIELD, VA 22150

**New Principal Place of Business:**

**Current Mailing Address:**

6551 LOISDALE COURT, SUITE 900  
SPRINGFIELD, VA 22150

**New Mailing Address:**

FEI Number: 27-0127255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: MGR ( ) Delete  
Name: FRIED, B. MARK  
Address: 5924 FRIED FARM ROAD  
City-St-Zip: CROZET, VA 22932

Title: MGR ( ) Delete  
Name: FRIED, BARBARA J  
Address: 5924 FRIED FARM ROAD  
City-St-Zip: CROZET, VA 22932

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA J. FRIED

MGR

07/05/2006

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