


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000049457 1. Entity Name 202 SANDY COVE, LLC	
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Principal Place of Business 22 SANDY COVE ROAD, #301 SARASOTA, FL 34236	Mailing Address 22 SANDY COVE ROAD, #301 SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**



06202007 No Chg-LLC      CR2E083 (11/05)

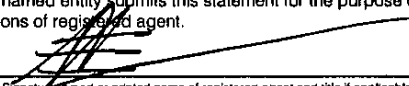
4. FEI Number 20-2868004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GORENSTEIN, RALPH G  
22 SANDY COVE ROAD, #301  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GORENSTEIN, RALPH G 22 SANDY COVE ROAD, #301 SARASOTA, FL 34236
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07/06/07-80006-014 50.00

**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:  Ralph G Gorenstein      6-29-07      414-332-1117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #