2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050485

1. Entity Name

SANDBAR ACQUISITIONS OF FLORIDA LLC



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

12249 U.S. HWY 301 DADE CITY, FL 33525 Mailing Address

P.O. BOX 1046

DADE CITY, FL 33526



DO NOT WRITE IN THIS SPACE

04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3278945 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

HERSCH, LARRY S 12249 U.S. HWY 301 DADE CITY, FL 33525

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

H00000909227 95/96/08-80020-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BINGHAM, JAMES H P.O. BOX 1046 DADE CITY, FL 33526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERSCH, LARRY S P.O. BOX 1046 DADE CITY, FL 33526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

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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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #