


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90044 029 ****50.00

DOCUMENT # L05000051399					
1. Entity Name SANDONAV, LLC					
Principal Place of Business 943 CASCADES PARK TR. DELAND, FL 32720			Mailing Address 943 CASCADES PARK TR. DELAND, FL 32720		
2. Principal Place of Business <i>1300 BRAMLEY LN</i>		3. Mailing Address <i>1300 BRAMLEY LN</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>DELAND FL</i>		City & State <i>DELAND FL</i>		4. FEI Number <i>20-2980288</i>	
Zip <i>32720</i>		Country <i>VOLUSIA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, SANDRA 943 CASCADES PARK TR. DELAND, FL 32720			7. Name and Address of New Registered Agent Name <i>SANDRA EDWARDS</i> Street Address (P.O. Box Number is Not Acceptable) <i>1300 BRAMLEY LN</i> City <i>DELAND</i> FL Zip Code <i>32720</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, SANDRA 943 CASCADES PARK TR. DELAND, FL 32720 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1300 BRAMLEY LN</i> <i>DELAND FL 32720</i> <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	
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	
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: <i>Sandra Edwards</i>			Date <i>8-14-06</i> Daytime Phone # <i>386.848.4803</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					