

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000051935

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** SANDIFER CONSTRUCTION & DEVELOPMENT, LLC

**Current Principal Place of Business:**

411 HONEYCOMB WAY  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

2145 DENNIS STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

411 HONEYCOMB WAY  
JACKSONVILLE, FL 32259

**New Mailing Address:**

2145 DENNIS STREET  
JACKSONVILLE, FL 32204

**FEI Number:** 83-0433469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDIFER, NICHOLAS HILL  
411 HONEYCOMB WAY  
JACKSONVILLE, FL 32259 US

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

SANDIFER, NICHOLAS HILL  
2145 DENNIS STREET  
JACKSONVILLE, FL 32204 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: NICHOLAS H. SANDIFER

01/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANDIFER, NICHOLAS HILL  
Address: 411 HONEYCOMB WAY  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SANDIFER, NICHOLAS HILL  
Address: 2145 DENNIS STREET  
City-St-Zip: JACKSONVILLE, FL 32204

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: NICHOLAS H. SANDIFER

MGRM

01/10/2007

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