2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055764

Entity Name: SAND PINE REAL PROPERTY LLC

1001 VILLA VENYCE CT

GULF BREEZE, FL 32563

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1001 VILLA VENYCE CT GULF BREEZE, FL 32563 **Current Mailing Address: New Mailing Address:** 1001 VILLA VENYCE CT GULF BREEZE, FL 32563 FEI Number: 20-2955286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAXLEY, SHERRY L 217 PAGE BACON RD STE 4 MARY ESTHER, FL 32569 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: ADDITIONS/CHANGES: MGR Title: MGRM () Delete (X) Change () Addition BROOKS, WILLIAM J BROOKS, WILLIAM J Name: Name: 1001 VILLA VENYCE CT Address: 1001 VILLA VENYCE CT Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563 Title: MGR () Delete Title: () Change () Addition BROOKS, ROBERT A SR Name: Name: Address: 1001 VILLA VENYCE CT Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BROOKS, ROBERT A JR Name: Name: Address: 1108 JAMAICA AVE Address: City-St-Zip: CHESAPEAKE, VA 23322 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BROOKS, DEBRA Name: Address: 4650 REGENCY CT Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BLUNT, GINA Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM J BROOKS MGRM 04/30/2007