2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064849

1. Entity Name
SAND ROAD PARTNERS, LLC

Principal Place of Business	Mailing Address
PO BOX 2680 LAKE PLACID, FL 33862	PO BOX 2680 LAKE PLACID, FL 33862

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3082535	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARNONE, GREGORY L
206 NORTH MAIN AVENUE
LAKE PLACID, FL 33852

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARNONE CONSULTING, INC.
STREET ADDRESS	P.O. BOX 2680
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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01/25/07-80031-007 50.00

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

SIGNATURE: _Gregory L. Arnone_   Gregory L. Arnone
President Arnone Consulting, Inc.
As Manager for Sand Road Partners, LLC   1/9/07   863-699-1723 X202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #