

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079144

FILED
Apr 10, 2008
Secretary of State

Entity Name: SAND KEY TITLE COMPANY, L.L.C.

Current Principal Place of Business:

954 FIRST AVENUE NORTH
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

954 FIRST AVENUE NORTH
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 14-1935471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLAHUNTY, LARRY L
954 FIRST AVENUE NORTH
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: DILLAHUNTY, LARRY L
Address: 954 FIRST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: MGRM () Delete
Name: DILLAHUNTY, CATHY H
Address: 954 FIRST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: MGRM (X) Delete
Name: K&G REALTY HOLDING C, OMPANY, L.L.C.
Address: 2105 BAYSHORE DRIVE
City-St-Zip: BELLEAIR BEACH, FL 33785

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CATHY H. DILLAHUNTY

MGRM

04/10/2008

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