



**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000080490</b>		
1. Entity Name <b>SANDPIPER LLC</b>		
Principal Place of Business 429 S. BEACH ROAD HOBE SOUND, FL 33455		Mailing Address 429 S. BEACH ROAD HOBE SOUND, FL 33455
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01052007 No Chg-LLC CR2E083 (11/05)		
4. FEI Number <b>20-3308272</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET, STE. 400 WEST PALM BEACH, FL 33401		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007 000000581283 01/10/07-80082-004 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMENCICH, THOMAS 429 SOUTH BEACH ROAD HOBE SOUND, FL 33455	<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>Thomas Domencich</u> <u>THOMAS DOMENCICH</u> 1-5-07 772-545-2571 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		