

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083182

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** SAND DOLLAR PROPERTY ENTERPRISES LLC

**Current Principal Place of Business:**

7430 S. OCEAN DR.  
HUTCHINSON ISLAND, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6025  
HUTCHINSON ISLAND, FL 34957

**New Mailing Address:**

**FEI Number:** 30-0331126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARRIS, DAVID  
1711 WHITEHALL DR #105  
DAVIE, FL 33324 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: MGR ( ) Delete  
Name: CASTELLANOS, RAFAEL  
Address: 7430 S. OCEAN DR.  
City-St-Zip: HUTCHINSON ISLAND, FL 34957

Title: MGR ( ) Delete  
Name: CASTELLANOS, LEANNE  
Address: 7430 S. OCEAN DR.  
City-St-Zip: HUTCHINSON ISLAND, FL 34957

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CASTELLANOS, RAFAEL  
Address: PO BOX 6025  
City-St-Zip: HUTCHINSON ISLAND, FL 34957

Title: MGR (X) Change ( ) Addition  
Name: CASTELLANOS, LEANNE  
Address: PO BOX 6025  
City-St-Zip: HUTCHINSON ISLAND, FL 34957

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: LEANNE CASTELLANOS

MGR

04/21/2009

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