

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095889

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: SANDBAR ISLAND CAFE, LLC

## Current Principal Place of Business:

10010 GREGORY AVE.  
HASTINGS, FL 32145

## New Principal Place of Business:

425 W TOWN PLACE  
#112  
ST AUGUSTINE, FL 32092

## Current Mailing Address:

10010 GREGORY AVE.  
HASTINGS, FL 32145

## New Mailing Address:

425 W TOWN PLACE  
#112  
ST AUGUSTINE, FL 32092

FEI Number: 20-3610745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SHEPPARD, SEAN P ESQ.  
C/O SCOTT & SHEPPARD, P.A.  
99 ORANGE STREET  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

SHEPPARD, SEAN P ESQ  
99 ORANGE STREET  
ST AUGUSTINE, FL 32084 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: SEAN P. SHEPPARD,ESQ.

07/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: SHELLENBERGER, NANCY L MS  
Address: 10010 GREGORY AVE  
City-St-Zip: HASTINGS, FL 32145 US

Title: SEC ( ) Change (X) Addition  
Name: DETURCK, CAROL L MS  
Address: 13 SEA OAKS DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY L SHELLENBERGER

MS

07/05/2006

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