

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095889

FILED
Jul 31, 2007
Secretary of State

Entity Name: SANDBAR ISLAND CAFE, LLC

Current Principal Place of Business:

425 W TOWN PLACE
#112
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

425 W TOWN PLACE
#112
ST AUGUSTINE, FL 32092

New Mailing Address:

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
99 ORANGE STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

SHELLENBERGER, NANCY L MS
425 W TOWN PLACE #112
ST AUGUSTINE, FL 32092 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: NANCY L SHELLENBERGER

07/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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: NANCY L SHELLENBERGER

PRES

07/31/2007

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