

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112955

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** SANDS OF ISLAMORADA CONDOMINIUMS, LLC

**Current Principal Place of Business:**

412 SHORE DRIVE EAST  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

412 SHORE DRIVE EAST  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

HOLIDAY VENTURES, LLC  
80051 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036 US

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

HOLIDAY VENTURES, LLC  
412 SHORE DRIVE EAST  
OLDSMAR, FL 34677 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/25/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: WALLACE, DAVID L  
Address: 412 SHORE DRIVE EAST  
City-St-Zip: OLDSMAR, FL 34677 US

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: WALLACE, DAVID L SR.  
Address: 412 SHORE DRIVE EAST  
City-St-Zip: OLDSMAR, FL 34677 US

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: DAVID L. WALLACE

MR.

01/25/2007

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