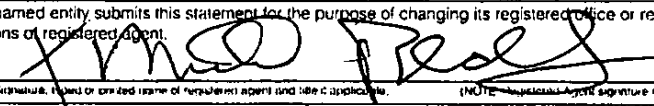
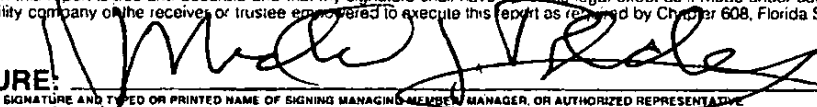


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 30, 2006 8:00 am
Secretary of State

04-24-2006 90069 029 ****50.00

DOCUMENT # L05000117426 1. Entity Name SANDY POINT LLC					
Principal Place of Business 103 SO US HWY ONE SUITE F5 PMB 145 JUPITER FL 33477 PB			Mailing Address 103 SO US HWY ONE SUITE F5 PMB 145 JUPITER FL 33477 PB		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEDECS, MICHAEL J 1127 SEMINOLE 1D JUPITER FL 33477				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (Signature, printed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing))					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006.					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM		☐ Delete		
NAME	BEDECS, MICHAEL J		☐ Change ☐ Addition		
STREET ADDRESS	103 SO US HWY ONE				
CITY-ST-ZIP	JUPITER FL 33477				
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  DATE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE					