


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000122833

1. Entity Name  
SAND LAKE BUILDING, LLC



Principal Place of Business      Mailing Address

305 ARCADIA LANE      305 ARCADIA LANE  
CELEBRATION, FL 34747      CELEBRATION, FL 34747

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-LLC      CR2E083 (12/07)

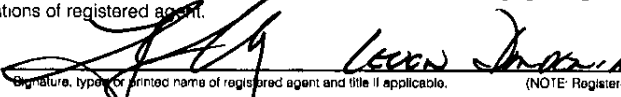
4. FEI Number 20-4633541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DERDERIAN, LEVON  
305 ARCADIA LANE  
CELEBRATION, FL 34747

**DO NOT WRITE  
IN THIS SPACE**

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 2-12-08

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

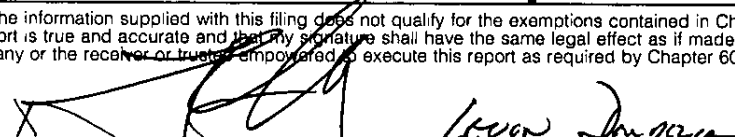
U00000829334  
02/26/08-80035-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DERDERIAN, LEVON 305 ARCADIA LANE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 2-12-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #