
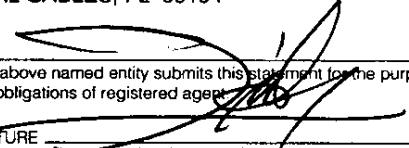
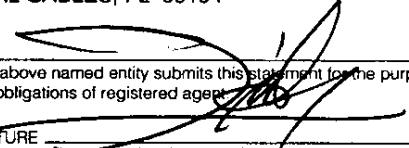
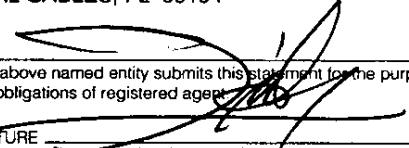
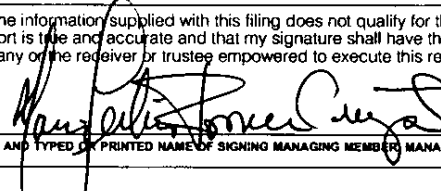


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90255 022 \*\*\*\*55.00

|   |  |  |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
|---|--|--|---|---|--|--|--|---------------------------------------|--|--|--|----------------|------------------------------------|--|--|--|--|--|------------------------|--|--|--|--|------|----|----------|--|--|--|
| <b>DOCUMENT # L06000003058</b>  |  |  |   |  |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>1. Entity Name</b><br>SANDO PROPERTIES LLC.  |  |  |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>Principal Place of Business</b><br>2121 PONCE DE LEON BLVD.<br>SUITE 240<br>CORAL GABLES, FL 33134   |  |  | <b>Mailing Address</b><br>2121 PONCE DE LEON BLVD.<br>SUITE 240<br>CORAL GABLES, FL 33134   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                                |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                      |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| City & State  |  | City & State   |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| Zip   | Country  | Zip  | Country   | <b>4. FEI Number</b><br>83-046943   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PRATS, GABRIEL<br>2121 PONCE DE LEON BLVD<br>SUITE 240<br>CORAL GABLES, FL 33134  |  |  | <b>7. Name and Address of New Registered Agent</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">PRATS FERNANDEZ &amp; COMPANY, P.A.</td> </tr> <tr> <td style="padding: 2px;">Street Address</td> <td colspan="5">2121 Ponce de Leon Blvd, Suite 240</td> </tr> <tr> <td style="padding: 2px;"></td> <td colspan="5">Coral Gables, FL 33134</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL</td> <td colspan="4" style="padding: 2px;">Zip Code</td> </tr> </table> |   |  | Name   | PRATS FERNANDEZ & COMPANY, P.A.  |                                       |  |  |  | Street Address | 2121 Ponce de Leon Blvd, Suite 240 |  |  |  |  |  | Coral Gables, FL 33134 |  |  |  |  | City | FL | Zip Code |  |  |  |
| Name  | PRATS FERNANDEZ & COMPANY, P.A.  |  |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| Street Address  | 2121 Ponce de Leon Blvd, Suite 240   |  |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
|   | Coral Gables, FL 33134   |  |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| City  | FL   | Zip Code   |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>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.</b><br><br><table style="width:100%;"> <tr> <td style="width:30%; vertical-align: bottom;"> <b>SIGNATURE</b><br/>  </td> <td style="width:40%; vertical-align: bottom;"> <b>Francisco J. Fernandez</b><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:30%; vertical-align: bottom;"> <b>4/30/07</b><br/> <small>DATE</small> </td> </tr> </table> |  |  |   |   |  | <b>SIGNATURE</b><br> | <b>Francisco J. Fernandez</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> | <b>4/30/07</b><br><small>DATE</small> |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>SIGNATURE</b><br>  | <b>Francisco J. Fernandez</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> | <b>4/30/07</b><br><small>DATE</small>                    |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |  | <b>Make check payable to Florida Department of State</b> |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| TITLE   | MGRM.  |  | TITLE   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| NAME  | RUMEU CRUZAT, MARIA LETICIA  |  | NAME  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| STREET ADDRESS  | 2121 PONCE DE LEON BLVD. 240   |  | STREET ADDRESS  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| CITY - ST - ZIP   | CORAL GABLES, FL 33134   |  | CITY - ST - ZIP   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <input type="checkbox"/> Delete   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| TITLE   |  |  | TITLE   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| NAME  |  |  | NAME  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| CITY - ST - ZIP   |  |  | CITY - ST - ZIP   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <input type="checkbox"/> Delete   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| TITLE   |  |  | TITLE   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| NAME  |  |  | NAME  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| CITY - ST - ZIP   |  |  | CITY - ST - ZIP   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <input type="checkbox"/> Delete   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| TITLE   |  |  | TITLE   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| NAME  |  |  | NAME  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| CITY - ST - ZIP   |  |  | CITY - ST - ZIP   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <input type="checkbox"/> Delete   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| TITLE   |  |  | TITLE   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| NAME  |  |  | NAME  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| STREET ADDRESS  |  |  | STREET ADDRESS  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| CITY - ST - ZIP   |  |  | CITY - ST - ZIP   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <input type="checkbox"/> Delete   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>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.</b>   |  |  |   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>SIGNATURE:</b>    |  |  | <b>4/29/07</b>  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <small>Date</small>   |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |
| <b>305-444-8333</b>   |  |  | <small>Daytime Phone #</small>  |   |  |  |  |                                       |  |  |  |                |                                    |  |  |  |  |  |                        |  |  |  |  |      |    |          |  |  |  |