


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State


05-29-2008 90014 010 ***138.75

| | |
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| DOCUMENT # L06000030683 1. Entity Name SAND CASTLE DEVELOPERS, LLC |  |
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|---|--|
| Principal Place of Business 101 REID AVENUE, SUITE 106 PORT ST. JOE, FL 32456 | Mailing Address P.O. Box 951 101 REID AVENUE, SUITE 106 PORT ST. JOE, FL 32456 |
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00000613



04072008 No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 20-1419056 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SQUIRES, RICHARD E JR
101 REID AVENUE, SUITE 106
PORT ST. JOE, FL 32456

**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 _____
Signature, typed 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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SQUIRES, RICHARD E JR 101 REID AVENUE, SUITE 106 PORT ST. JOE, FL 32456 |
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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: *Richard E Squires Jr* *Richard E Squires Jr* 229-881-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date *4/30/08* Daytime Phone #