

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033335

FILED
Mar 31, 2008
Secretary of State

Entity Name: SAND FLEA PROPERTIES, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET SUITE 2000
C/O JAMES W. GOODWIN, ESQ.
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 N. FRANKLIN STREET SUITE 2000
C/O JAMES W. GOODWIN, ESQ.
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-4635197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PORTER, JAMES D JR.
Address: 201 N FRANKLIN STREET SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: PORTER, QUINN K
Address: 201 N FRANKLIN STREET SUITE 2000
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PORTER, JAMES D. JR.
Address: 201 N FRANKLIN STREET SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change () Addition
Name: PORTER, QUINN K.
Address: 201 N FRANKLIN STREET SUITE 2000
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify 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: JAMES D PORTER, JR.

MGR

03/31/2008

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