2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-14-2007 90368 029 ****50.00

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1. Entity Name
SANDMAN CONSTRUCTION LLC

Principal Place of Business	Mailing Address
4341 9TH PLACE VERO BEACH, FL 32966 US	4341 9TH PLACE VERO BEACH, FL 32966 US

05072007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
411 EAST Hillsboro BLVD		411 EAST Hillsboro BLVD	
Suite, Apt. #, etc.: Suite 202		Suite, Apt. #, etc.: Suite 202	
City & State: Deerfield , FL		City & State: Deerfield B. FL	
Zip: 33441	Country: Broward	Zip: 33441	Country: Broward

4. FEI Number: 20-4954084 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDHOLZER, MICHAEL
4341 9TH PLACE
VERO BEACH, FL 32966

7. Name and Address of New Registered Agent

Name: CHASE, JEAN A.
Street Address (P.O. Box Number is Not Acceptable): 1129 ROYAL PALM BEACH BLVD
City: ROYAL PALM BEACH FL Zip Code: 33412

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: [signature] 5-7-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MFRM SANDHOLZER, MICHAEL 4341 9TH PLACE VERO BEACH, FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	managing member SANDHOLZER, Michael 4341 9th Place Vero Beach, FL 32966	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER BARKER, JEFFREY 113 NW 10TH STREET BOCA RATON, FL. 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 5/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #