

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084232

FILED
May 02, 2007
Secretary of State

Entity Name: SANDY FEET, LLC

Current Principal Place of Business:

5604 PINE BAY DRIVE
TAMPA, FL 33625 US

New Principal Place of Business:

16 PARADISE LANE
15
TREASURE ISLAND, FL 33706 US

Current Mailing Address:

5604 PINE BAY DRIVE
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 20-5530159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNN, BETH P
5604 PINE BAY DRIVE
TAMPA, FL 33625 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: MGRM () Delete
Name: COX, GREGORY B SR.
Address: 12820 PACIFICA PLACE
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM () Delete
Name: COX, LAURA A
Address: 12820 PACIFICA PLACE
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM () Delete
Name: DUNN, STEPHEN L
Address: 5604 PINE BAY DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM () Delete
Name: DUNN, BETH P
Address: 5604 PINE BAY DRIVE
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COX, GREGORY B
Address: 12820 PACIFICA PLACE
City-St-Zip: TAMPA, FL 33625 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETH P DUNN

MGRM

05/02/2007

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