


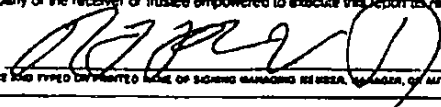
**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

7/19/2007-90043-015-\$50.00-\$50.00

7/1

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 26 PM 12:38

DOCUMENT # L06000119837			
1. Entity Name VANSANDT FAMILY PROPERTIES, LLC			
Principal Place of Business 2509 BLANDING BLVD. JACKSONVILLE FL 32210		Mailing Address 2509 BLANDING BLVD. JACKSONVILLE FL 32210	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number		Applied For	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> Not Applicable	
		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VANSANDT, RICHARD L SR 2509 BLANDING BLVD. JACKSONVILLE FL 32210		Single Ownership LLC	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, as the State of Florida, I am liable with, and accept the obligations of registered agent.		No Changes	
SIGNATURE		DATE 9/12/07	
<p><b>FILE NOW!!! FEE IS \$50.00</b>                  Make Check Payable to Florida Department of State                  Due By September 5, 2007</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Richard L. VANSANDT 2431 Blanding Blvd. Jacksonville FL 32210	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Manager
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BLT
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: 		7-16-07 904-389-3510	