

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/1**

**FILED Jun 09, 2008 8:00 am Secretary of State**

04-10-2008 90129 019 \*\*\*138.75

DOCUMENT # L07000005262  
 1. Entity Name ...  
**SANDPHIL, LLC**



Principal Place of Business Mailing Address  
 7821 CREST HAMMOCK WAY 7821 CREST HAMMOCK WAY  
 SARASOTA FL 34240 SARASOTA FL 34240

2. Principal Place of Business - PO, P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SMITH, KATHERINE L  
 715 N. WASHINGTON BLVD., STE B  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008, Fee Will Be \$538.75  
 Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANAGING MEMBER</b>
STREET ADDRESS	<b>BERNARD ZAPATHA</b>
CITY-ST-ZIP	<b>7821 CREST HAMMOCK WAY</b>
	<b>SARASOTA, FL 34240</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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 619, Florida Statutes.

SIGNATURE: Bernard Zapatha  
 SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE