

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036824

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: SAND CASTLE EQUITY GROUP, LLC

**Current Principal Place of Business:**

71 PATINA BLVD  
SEACREST BEACH, FL 32413 US

**New Principal Place of Business:**

**Current Mailing Address:**

378 SUTHERLAND PLACE  
ATLANTA, GA 30307 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIDMAN, SHANNON L ESQ.  
56 SPIRES LANE #16A  
SANTA ROSA BEACH, FL 32459 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: KALLENBACH, TODD  
Address: 1104 NEW HAVEN WAY  
City-St-Zip: ROSWELL, GA 30075 US

Title: MGRM ( ) Delete  
Name: TUFTS, DAVID  
Address: 378 SUTHERLAND PLACE  
City-St-Zip: ATLANTA, GA 30307 US

Title: MGRM ( ) Delete  
Name: NARDONE, GINO  
Address: 3772 PACES FERRY WEST  
City-St-Zip: ATLANTA, GA 30339 US

**ADDITIONS/CHANGES:**

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: DAVID TUFTS

MGRM

04/23/2008

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