

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016315

FILED
Apr 15, 2009
Secretary of State

Entity Name: SANDALS REALTY INTERNATIONAL, LLC

Current Principal Place of Business:

1567 HAYLEY LANE SUITE 205
FORT MYERS, FL 33907

New Principal Place of Business:

1567 HAYLEY LANE
205
FORT MYERS, FL 33907

Current Mailing Address:

1567 HAYLEY LANE SUITE 205
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 26-2828523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIAN, ANGELA
1567 HAYLEY LANE SUITE 205
FORT MYERS, FL 33907 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: FIELDS, DAVID
Address: 4361 CACTUS AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: RIJAVEC, ERNESTO
Address: 1567 HAYLEY LANE SUITE 205
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM () Delete
Name: FLORIAN, ANGELA
Address: 1567 HAYLEY LANE SUITE 205
City-St-Zip: FORT MYERS, FL 33907

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: ANGELA FLORIAN

MGRM

04/15/2009

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