

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L95000000027

1. Entity Name
SANDHURST PROPERTIES, L.C.



Principal Place of Business
**1110 PINELLAS BAYWAY, 200
TIERRA VERDE, FL 33715**

Mailing Address
**1110 PINELLAS BAYWAY, 200
TIERRA VERDE, FL 33715**



03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3286328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, ROBERT W
200 S BISCAYNE BLVD, 5300
MIAMI, FL 33131-2339**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCCARTHY, MICHAEL P
STREET ADDRESS	2800 ALTON DR
CITY-ST-ZIP	ST PETERSBURG, FL 33706
TITLE	MGR
NAME	RIND, JACQUETTA
STREET ADDRESS	18 VILLAGE LN
CITY-ST-ZIP	DERRY, NH 03038
TITLE	MGR
NAME	STAPLETON, WILLIAM H III
STREET ADDRESS	1110 PINELLAS BAYWAY, #200
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80028-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #