


**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

pg. 1 of 2

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 17 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee  
**\$ 588.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001117**

C & D SANDS, L.L.C.  
118 WOODLAWN DRIVE  
PANAMA CITY BEACH FL 32407

1a. Principal Place of Business Address

118 WOODLAWN DRIVE  
PANAMA CITY BEACH FL 32407

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/21/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	63-1182738	5. Date of Last Report
				6. Certificate of Status Desired	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

MCKEAN, DONNELL P  
118 WOODLAWN DRIVE  
PANAMA CITY BEACH FL 32407

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCKEAN, DONNELL P	118 WOODLAWN DRIVE	PANAMA CITY BEACH FL
MEM	MCKEAN, CYNTHIA G.	118 WOODLAWN DRIVE	PANAMA CITY BEACH FL
MEM	MCKEAN, JANETTE F.	3224 EXECUTIVE PARK CIR	MOBILE, ALA 36606

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Cynthia G. McKean CYNTHIA G. MCKEAN 8-22-97

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8-22-97

Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Ref: Document L 96000001117

Dear Sir:

Per my conversation last week on the telephone I advised you, we had never received the 1<sup>ST</sup> Notice of this form. The 2<sup>ND</sup> Notice was quite a surprise, you advised me to complete the 2<sup>ND</sup> form along with a letter advising we never received the form and a check for \$165.00.

Please find check enclosed and form completed.

Thank you for your help in the matter.

Sincerely  
Cindy McKeen