2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State
07-18-2008 90051 009 ****50.00
08-18-2008 90050 009 ****88.75

DOCUMENT # L96000001117

1. Entity Name
C & D SANDS, L.L.C.

Principal Place of Business	Mailing Address
118 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407	118 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407

DO NOT WRITE IN THIS SPACE

07082008No Chg-LLC CR2E083 (12/07)

4. FEI Number
62-1182738
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS ~~$350.75~~ #138.75 NOTICE NOT RECEIVED
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCKEAN, DONNEL P
STREET ADDRESS	118 WOODLAWN DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	MCKEAN, CYNTHIA G
STREET ADDRESS	118 WOODLAWN DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	MCKEAN, JANETTE F
STREET ADDRESS	3224 EXECUTIVE PARK CIRCLE
CITY-ST-ZIP	MOBILE, AL 36606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Cynthia G. McKean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #