

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003287

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** RADIAN ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

3301 BONITA BEACH RD  
SUITE 207  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

8805 TAMIAMI TRAIL N.  
SUITE 111  
NAPLES, FL 34108

**Current Mailing Address:**

8805 TAMIAMI TR. N.  
SUITE 111  
NAPLES, FL 34108

**New Mailing Address:**

8805 TAMIAMI TR. N.  
SUITE 111  
NAPLES, FL 34108

**FEI Number:** 65-0887691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PITTMAN, DAVID B  
3301 BONITA BEACH RD  
SUITE 207  
BONITA SPRINGS, FL 34134 US

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

PITTMAN, DAVID B  
3301 BONITA BEACH RD.  
SUITE 207  
BONITA SPRINGS, FL 34134 US

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: DAVID B. PITTMAN

03/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANDCASTLE PROPERTIES, S & REALTY, LL C  
Address: 3301 BONITA BEACH RD, STE. 202  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 B. PITTMAN

MGR

03/16/2006

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