2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

FILED Mar 15, 2004 8:00 am Secretary of State

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DOCUMENT # M03000003927				03-02-2004 90161 001 ***150.00	
RELIANCE SILVERSANDS, LLC				7	
Principal Place of Business Mailing Address				7	
4030 GULF OF MEXICO DR. 4030 GULF OF MEXICO D LONGBOAT KEY FL 34288 LONGBOAT KEY FL 34288					
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)	
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name	the second and a second and a second and a second	
DUNLAP, SCOTT W ESQ C/O DUNLAP & MORAN, P.A.			- Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
22 SOUTH LINKS AVE, STE 300 SARASOTA FL 34236					
	7100 FA 1 2 0 1 2 0 0		City	FL Zip Code	
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent ag					
Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent agents are used wheth existing) OATE Control of the c					
FILE NOW!!! FEE IS \$50.00 / Make Check Payable to Florida Department of FGB 1 7 2004					
9. MANAGING MEMBERS/MANAGERS 10.			10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addith	
NAME	GAUDIO, JOSEPH R		NAME		
STREET ADDRESS	4030 GULF OF MEXICO DR.		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL 34288		CITY-ST-ZIP	☐ Chance ☐ Additi	
TITLE NAME	MGR DARDIS, KENNETH C	☐ Delete	TITLE NAME	Change Additi	
STREET ADORESS	4030 GULF OF MEXICO DR.		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL 34288		CITY-ST-ZIP		
TITLE	MGR	C Delete	TITLE	☐ Change ☐ Additi	
NAME	COBBS, J. CHRISTOPHER		NAME	and the second of the second o	
STREET ADDRESS = CITY-ST-ZIP	4030 GULF OF MEXICO DR. LONGBOAT-KEY-FL-34288	بایریه در بدریدهای باده بیشه به میشد	CITY-ST: ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addib	
NAME CYPET ADDRESS	STARR, CHARLES L III	***	NAME CYNTEY ADDRESS		
STREET ADDRESS CITY-SI-ZIP	4030 GULF OF MEXICO DR. LONGBOAT KEY FL 34288		STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addin	
NAME	Į.	P4100P	NAME	-	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	70	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addit	
STREET ADDRESS			STREET ADDRESS		
CITY-\$T-ZIP			CITY-ST-ZIP		
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11. I 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 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: 2-13-04 941 329 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayune Phone #