


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-02-2004 90161 001 ***150.00

DOCUMENT # M03000003927 1. Entity Name RELANCE SILVERSANDS, LLC					
Principal Place of Business 4030 GULF OF MEXICO DR. LONGBOAT KEY FL 34288			Mailing Address 4030 GULF OF MEXICO DR. LONGBOAT KEY FL 34288		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0376043	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNLAP, SCOTT W. ESQ. C/O DUNLAP & MORAN, P.A. 22 SOUTH LINKS AVE, STE 300 SARASOTA FL 34236			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUDIO, JOSEPH R 4030 GULF OF MEXICO DR. LONGBOAT KEY FL 34288	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARDIS, KENNETH C 4030 GULF OF MEXICO DR. LONGBOAT KEY FL 34288	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COBBS, J. CHRISTOPHER 4030 GULF OF MEXICO DR. LONGBOAT KEY FL 34288	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARR, CHARLES L III 4030 GULF OF MEXICO DR. LONGBOAT KEY FL 34288	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i> CHARLES L STARR 2-13-04 941 329 2000		