

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000003127**

1. Entity Name  
**SANDESTIN ENTERTAINMENT, LLC**



Principal Place of Business  
**9300 EMERALD COAST PARKWAY WEST  
DESTIN, FL 32550**

Mailing Address  
**9300 EMERALD COAST PARKWAY WEST  
DESTIN, FL 32550**



03222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1477170**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara A. Burke*

**Barbara A. Burke  
Special Assistant Secretary**

**327-07**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGRM**  
NAME: **STANGE, WALTER M**  
STREET ADDRESS: **9300 EMERALD COAST PARKWAY WEST**  
CITY-ST-ZIP: **DESTIN, FL 32550**

TITLE: **MGRM**  
NAME: **BABCOCK, ROBERT**  
STREET ADDRESS: **9300 EMERALD COAST PARKWAY WEST**  
CITY-ST-ZIP: **DESTIN, FL 32550**

TITLE: **MGRM**  
NAME: **SPEICHER, MICHAEL**  
STREET ADDRESS: **301 E. PINE STREET, SUITE 400**  
CITY-ST-ZIP: **ORLANDO, FL 32801**

TITLE: **MGRM**  
NAME: **SMYTHE, HUGH R**  
STREET ADDRESS: **4545 BLACKCOMB WAY PARKWAY WEST**  
CITY-ST-ZIP: **WHISTLER, B.C., CANADA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000006933662  
04/16/07-80047-020 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert Babcock*

**Robert Babcock**

**3/23/07 850-267-8248**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #