

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000003827

FILED
Jul 25, 2008
Secretary of State**Entity Name:** SANDPOINT INVESTMENTS, LLC**Current Principal Place of Business:**375 FALLS POINT TRAIL
ALPHARETTA, GA 30022**New Principal Place of Business:****Current Mailing Address:**375 FALLS POINT TRAIL
ALPHARETTA, GA 30022**New Mailing Address:****FEI Number:** 20-1372108**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NELSON, DOUGLAS M
4001 HILLCREST DRIVE, NO. 1002
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**INCORP SERVICES, INC.
17888 37TH COURT NORTH
LARGO, FL 33470 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: INCORP SERVICES, INC.

07/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: NELSON, STACEY G
Address: 375 FALLS POINT TRAIL
City-St-Zip: ALPHARETTA, GA 30022Title: MGR () Delete
Name: NELSON, DOUGLAS M
Address: 375 FALLS POINT TRAIL
City-St-Zip: ALPHARETTA, GA 30022**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS M. NELSON

MGR

07/25/2008

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