


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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| DOCUMENT # M05000001967 |  |
| 1. Entity Name LOT 7 SANDY CREEK, LLC | |

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| Principal Place of Business 111 E. CAPITOL STREET SUITE 600 JACKSON, MS 39201 | Mailing Address P.O. BOX 23066 JACKSON, MS 39225 |
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04092008 No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 20-2504859 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MANELLI, DENNIS 100 ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602-5311 |
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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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HOSEMAN, C. DELBERT JR P.O. BOX 23066 JACKSON, MS 392253066 |
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04/29/08-80084-020 138.75

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: C. Delbert Hoseman Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____