


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M05000002406 1. Entity Name CAPE CORAL SANDBOX, LLC |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 6721 CASCADE LAKES COURT, SE GRAND RAPIDS, MI 49546 | Mailing Address 6721 CASCADE LAKES COURT, SE GRAND RAPIDS, MI 49546 |
|---|---|



01122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2713702 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

| |
|---|
| 6. Name and Address of Current Registered Agent KOCH, DIANA 5364 DELANO COURT CAPE CORAL, FL 33904 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HILLER, BARBARA J 6721 CASCADE LAKES COURT, SE GRAND RAPIDS, MI 49546 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HILLER, THOMAS W 6721 CASCADE LAKES COURT, SE GRAND RAPIDS, MI 49546 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000791040
01/23/08-80058-009 138.75

**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 *Thomas W. Hiller* **THOMAS W. HILLER** 1-17-08 616-975-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #