2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # V29631 1. Entity Name



FILED Jun 21, 2004 8:00 am Secretary of State



SANDPIPER COVE MANAGEMENT COMPANY					06-21-2004 90002 003 ***558.75			
357 HIATT [e of Business DRIVE CH GARDENS FL 33418	Mailing Address 357 HIATT DRIVE A PALM BEACH GARDEI	NS FL 33418		L 1991) BII DIA KARR 1999 BILEG IV			
2. Principal Place of Business 8895 N. Military Trail		3. Mailing Address 8895 N. Military Trail		.1				
Suite, Apt. #, etc. Suite 101B		Suite Aot # elc Suite 101B			MOORE	CR2E034	(11/03)	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		. 4.	4. FEI Number 65-0329070			plied For t Applicable
Zip 334		Zip 33410	Country Palm Beac	:n	. Certificate of Status Desired	뎟	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Name		Name and Address of New	Registered	Agent		
FCC	CLESTONE, E. LLWYD, III		V		stone, E. Llwyd,			· -
357	HIATT DRIVE	Street Addres		ddress (P.O	s (P.O. Box Number is Not Acceptable)			
SUI	TE A .M BEACH GARDENS FL 334	<u> </u>			uite 101B			
PAL	M DEACH GARDENS FL 334			Palm	Beach Gardens	FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its regis				r registered	agent or both in the State of E		- 1 3	3410
	tions of registered agent.	the purpose of changing its	registorea omce o	registered i	agent, or both, in the state of	ionda, ram	rangias witis,	and accept
SIGNATURE								
GIGHTATOTIC	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signa	ure required whe	n reinstating)	DATE	•	
	ILE NOW!!! FEE IS \$150.00		,		9. Election Campaign F	inancing	\$5.0	May Ba
Afte	r May 1, 2004 Fee will be \$550.00	State			9. Election Campaign F Trust Fund Contribut	٠,		0 May Be d to Fees
Afte	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	SC0088 C88	11.	,	Trust Fund Contribut	ion. [Added	d to Fees
Afte Make Chec	r May 1, 2004 Fee will be \$550.00	SC0088 C88	11.	Chair	Trust Fund Contribut ADDITIONS/CHANGES TO OF	ion. [Added	d to Fees
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6/18/04

Daytime Phone #