


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000012817 1. Entity Name SANDLER & PEREZ, P.L.	
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Principal Place of Business 202 S. MOODY AVENUE TAMPA, FL 33609	Mailing Address 202 S. MOODY AVENUE TAMPA, FL 33609
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04202005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-3735017	Applied For Not Applicable
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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  PEREZ, J. MARC 202 S. MOODY AVENUE TAMPA, FL 33609
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**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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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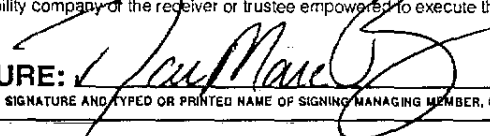
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDLER, ALAN R 202 S. MOODY AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, JACK M 202 S. MOODY AVENUE TAMPA, FL 33609
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04/25/05-80056-002 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  J. MARC PEREZ ✓ 4/20/05 832593600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #