2004 LIMITED LIABILITY COMPANY

FILED Aug 18, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L02000018582 08-18-2004 90078 025 ****50.00 SANDSTONE PLACE LLC Principal Place of Business Mailing Address 88-05 MERRICK BOULEVARD #L3 88-05 MERRICK BOULEVARD #L3 JAMAICA NY 11432 JAMAICA NY 11432 2. Principal Place of Business 5600 Silver Star 3. Mailing Address CR2E083 (4/04) 4. FEI Number Applied For 47-0877382 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOBHRAJ, HARRY Street Address (P.O. Box Number is Not Acceptable) 2917 ASHTON TERRACE OVIEDO FL 32765 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 TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Delete TITLE ☐ Addition NAME SUBRAJ, KEN NAME 8805 MERRICK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAMAICA NY 11432 TITLE ☐ Delete TITLE Change Addition NAME SUBRAJ, GEORGE NAME STREET ADDRESS 8805 MERRICK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAMAICA NY 11432 -TITLEs -□ Delete TITLE Change __ _ _ Addition_ NAME NAME SUBRAJ, JURAJ STREET ADDRESS STREET ADDRESS 8805 MERRICK BLVD CITY-ST-ZIP JAMAĪĈA NY 11432 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SUBRAJ, STEVE NAME STREET ADDRESS 8805 MERRICK BLVD STREET ADDRESS CITY-ST-ZIP JAMAICA NY 11432 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SUBRAJ, HARRY NAME NAME 8805 MERRICK BLVD STREET ADDRESS STREET ADDRESS JAMAICA NY 11432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #