## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 24, 2005 08:00 AM

				C 4 C C 4 - 4
DOCUMENT # L03000019283  1. Entity Name				Secretary of State
SANDLE	R AT GREATER MARATHON	I BAY, LLC		
448 VIKING	ce of Business DRIVE, SUITE 220 ACH, VA 23452	Mailing Address 448 VIKING DRIVE, SUITE 220 VIRGINIA BEACH, VA 23452		
		· · · · · · · · · · · · · · · · · · ·		
DO NOT WOITE IN THE COACE				01182005No Chg-LLC CR2E083 (10/03)
DO NOT WRITE IN THIS SP			ICE	4. FEI Number Applied For 45-0517908 Not Applied be \$5.00 Additional
	6. Name and Address of Current Re	nistared Agent		5. Certificate of Status Desired
2699 STIR NAVON, K	SAMUEL D RLING ROAD, SUITE B-100 (OPELMAN & LAVIN, P.A. JDERDALE, FL 33312	gistered Agent		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 fille if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9,	MANAGING MEMBERS	S/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDLER AT THE KEYS, LLC 448 VIKING DRIVE, SUITE 220 VIRGINIA BEACH, VA 23452		<u> </u>	· <del>··</del>
TITLE NAME STREET ADDRESS CITY-SI-ZIP				UNDOQO275103 03/24/05-80040-006 <b>50.</b> 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del>	<del>}</del> -	<del></del>
TITLE NAME				

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 justee empowered to execute this report as required by Chapter 608, Florida Statutes

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

STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone \*