

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000021778

1. Entity Name
SANDE MANAGEMENT, L.L.C.



Principal Place of Business
7 WEST 36TH ST, 15TH FL
% SWPA LLP
NEW YORK, NY 10018

Mailing Address
7 WEST 36TH ST, 15TH FL
% SWPA LLP
NEW YORK, NY 10018

FILED
Jun 30, 2008 08:00 AM
Secretary of State



06272008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0888263	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

SAVERIO, PUGLIESE
3720 S OCEAN BLVD
HIGHLAND BEACH, FL 33487

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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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUFVIO, PUGLIESE 7 WEST 36TH ST, 15 FL NEW YORK, NY 10018
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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: _____

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

Date

Daytime Phone #