2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000067479

SANDLAKE RESIDENCES, LLC

FILED Mar 01, 2007 08:00 AM **Secretary of State**

Principal Place of Business

1030 NORTH CLARK STREET SUITE 300

CHICAGO, IL 60610

Mailing Address

1030 NORTH CLARK STREET SUITE 300

CHICAGO, IL 60610 US



02092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1718400

Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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, an	d accept
	the obligations of registered agent.		

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR SEG SANDLAKE CONSULTANTS, INC. 1030 NORTH CLARK STREET, SUITE 300 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIGEROA, ORLANDO 48 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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.