

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083206

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** SANDLER AT JACKSONVILLE, L.L.C.

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE, SUITE 325  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

255 ALHAMBRA CIRCLE, SUITE 325  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2001873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** RUTHERFORD, J. LARRY  
**Address:** 255 ALHAMBRA CIRCLE, SUITE 325  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGR ( ) Delete  
**Name:** BENSON, NATHAN D  
**Address:** 255 ALHAMBRA CIRCLE, SUITE 325  
**City-St-Zip:** CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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. LARRY RUTHERFORD

MGR

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date