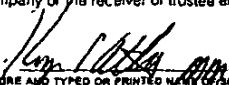


FILED
Jun 30, 2006 8:00 am
Secretary of State

05-03-2006 90038 040 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000054044			
1. Entity Name SANDLER CHASE, LLC			
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01312006 Chg-LLC CR2E083 (11/05)		4. FEI Number 54-2177343	
		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Atlee, Kenyon S. 4501 Beverly Avenue Jacksonville, Florida 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER KENDALE G.P., INC. 4501 BEVERLY AVE JACKSONVILLE, FL 32210 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Crisp, Dale K. 4501 Beverly Avenue Jacksonville, Florida 32210 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 MANAGER		Kenyon S. Atlee, 904 384-6964 April 18, 2006 Daytime Phone #	