



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000054044 1. Entity Name SANDLER CHASE, LLC						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; margin-top: 10px;">2007 MAY 24 P 1:58</div> <div style="font-size: 0.8em; margin-top: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210				Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box # 5851 TIMUGUANA Rd.		3. Mailing Address 5851 TIMUGUANA Rd.					
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301					
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL					
Zip 32210		Zip 32210					
Country FLORIDA		Country FLORIDA		04202007 Chg-LLC CR2E083 (12/06)			
4. FEI Number 54-2177343				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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) 5851 TIMUGUANA Rd. Ste 301 City JACKSONVILLE FL Zip Code 32210			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDALE G.P., INC. 4501 BEVERLY AVE JACKSONVILLE, FL 32210			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5851 TIMUGUANA Rd. Ste 301 JACKSONVILLE FL 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Kenyon S. Atlee</i></u> KENYON S. ATLEE				Date: <u>4-25-07</u> Daytime Phone #: <u>904-384-6964</u>			