

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000000305

1.

Entity Name

SANDLER WEST PALM BEACH INVESTMENT II, L.L.C.

Principal Place of Business

448 VIKING DRIVE
SUITE 220
VIRGINIA BEACH VA 23452

Mailing Address

448 VIKING DRIVE
SUITE 220
VIRGINIA BEACH VA 23452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

54-1990102

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOTTLIEB, RAYMOND L
448 VIKING DRIVE SUITE 220
VIRGINIA BEACH VA 23452 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BENSON, NATHAN D
448 VIKING DRIVE SUITE 220
VIRGINIA BEACH VA 23452 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP600003702625-9
-02/19/01--0811-019
*****50.00 *****50.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

N

 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nathan Benson

1/23/01

(757) 463-5000

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

Date

Daytime Phone #

0026047

CR2E083 (1/1/00)