

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000305

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. FEE Number

54-1990102

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

01 FEB 15 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

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

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.

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

TITLE NAME MGR  
STREET ADDRESS GOTTLIEB, RAYMOND L  
CITY-ST-ZIP 448 VIKING DRIVE SUITE 220  
VIRGINIA BEACH VA 23452 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS BENSON, NATHAN D  
CITY-ST-ZIP 448 VIKING DRIVE SUITE 220  
VIRGINIA BEACH VA 23452 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 OF 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 #

CR2E083 (11/00)