## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 24, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Wiai 24, 2003 00.00	
DOCUMENT # M0000000305				Se	cretary of Stat
1. Entity Nar SANDLE	me ER AT POLK COUNTY, L.L.C.	· · · · · · · · · · · · · · · · · · ·			
448 VIKING SUITE 220	ce of Business DRIVE	Mailing Address 448 VIKING DRIVE SUITE 220 VIRGINIA BEACH, VA 23452			# <b>10</b> 00 7000 1200 6000 5000 700 700 100 1200
Γ	OO NOT WRITE	IN THIS SPA	CE	01182005No Chg-LLC  4. FEI Number 54-1990102  5. Certificate of Status Desired	CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional Fee Required
	6, Name and Address of Current R	egistered Agent		<u> </u>	
1200 SOL	PORATION SYSTEM JTH PINE ISLAND ROAD ION, FL 33324		 	DO NOT W IN THIS SP	
8. The above	e named entity submits this statement for t	he purpose of changing its registere	ed office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
sgildo ent	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent an	ditite if applicable (NOTE Registered	Agent signature required	when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR GOTTLIEB, RAYMOND L 448 VIKING DRIVE SUITE 220 VIRGINIA BEACH, VA 23452				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENSON, NÄTHAN D 448 VIKING DRIVE SUITE 220 VIRGINIA BEACH, VA 23452			000000 03/24/05-	275093 80040-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 trusted impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND PRED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

\_\_\_\_

Daytime Phone #