

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-09-2003 90044 049 *****50.00

DOCUMENT # M00000001198

1. Entity Name

SANDLER LAND FUNDING II, L.L.C.



Principal Place of Business

**448 VIKING DR., SUITE 220
VIRGINIA BEACH VA 23452**

Mailing Address

**448 VIKING DR., SUITE 220
VIRGINIA BEACH VA 23452**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

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 S. PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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 REQUIRED

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

4/2/03

Date

757-463-5000

Daytime Phone #

CR2E083 (10/02)

Form **SS-4****Attachment # 14000000001198/5802772**
Application for Employer Identification Number

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)EIN **54-1993017**

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Sandler Land Funding II, L.L.C.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 448 Viking Drive, Suite 220	
	5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code Virginia Beach, Virginia 23452	5b City, state, and ZIP code
	6 County and state where principal business is located Virginia Beach, Virginia	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 229-34-3516 Nathan D. Benson, Manager	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) _____
☒ Partnership ☐ Personal service corp. ☐ Estate (SSN of decedent) _____
☐ REMIC ☐ National Guard ☐ Plan administrator (SSN) _____
☐ State/local government ☐ Farmers' cooperative ☐ Other corporation (specify) ► _____
☐ Church or church-controlled organization ☐ Trust _____
☐ Other nonprofit organization (specify) ► _____ (enter GEN if applicable) _____
☐ Other (specify) ► _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State N/A	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)		<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input checked="" type="checkbox"/> Started new business (specify type) ► _____		<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____		<input type="checkbox"/> Created a trust (specify type) ► _____
		<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions) June 8, 2000	11 Closing month of accounting year (see instructions) December 31
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural -0-	Agricultural -0-	Household -0-
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14 Principal activity (see instructions) ► Invest in Real Estate
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ► _____	

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► _____		

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.	

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► Sandler Land Funding II, L.L.C., Nathan D. Benson, Manager	Business telephone number (include area code) (757) 463-5000
	Fax telephone number (include area code) (757) 463-8374

Signature ► *Nathan D. Benson* Date ► **6/15/2000**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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