

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000671

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** SANDLER COMMUNICATIONS AT COUNTRY LAKES, L.L.C.

**Current Principal Place of Business:**

448 VIKING DR., SUITE 220  
VIRGINIA BEACH, FL 23452

**New Principal Place of Business:**

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

**Current Mailing Address:**

448 VIKING DR., SUITE 220  
VIRGINIA BEACH, FL 23452

**New Mailing Address:**

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

**FEI Number:** 75-3064673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOTTLIEB, RAYMOND L  
Address: 448 VIKING DR., SUITE 220  
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: MGR ( ) Delete  
Name: BENSON, NATHAN D  
Address: 448 VIKING DR., SUITE 220  
City-St-Zip: VIRGINIA BEACH, VA 23452

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATHAN BENSON

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date