

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M01000000973**

1. Entity Name  
**DA SAND LAKE LLC**



Principal Place of Business

**1600 ST. GEORGES AVE.  
P.O. BOX 1234  
RAHWAY, NJ 07065**

Mailing Address

**1600 ST. GEORGES AVE.  
P.O. BOX 1234  
RAHWAY, NJ 07065**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**22-3799293**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENHOLTZ, STEVEN J 1600 ST GEORGES AVE RAHWAY, NJ 07065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEWALD, ANDREW 46 BAYARD STREET, SUITE 216 NEW BRUNSWICK, NJ 08901
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U00000651351  
03/09/07-80004-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #