

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90054 042 \*\*\*\*50.00

**DOCUMENT # M01000002551**

**1. Entity Name**  
**SANDLER AT BARTRAM LAKES, L.L.C.**



**Principal Place of Business**  
448 VIKING DR., SUITE 220  
VIRGINIA BEACH, FL 23452

**Mailing Address**  
448 VIKING DR., SUITE 220  
VIRGINIA BEACH, FL 23452



03172005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
54-2061663

**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

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

**TITLE**  
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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

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

**Date**

**Daytime Phone #**