


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2005 MAY -6 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000580					
1. Entity Name SANDLER AT ALTA LAGO, 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 5025 Swetland Court Suite, Apt. #, etc.		3. Mailing Address 5025 Swetland Court Suite, Apt. #, etc. Attn: Legal Dept.			
City & State Richmond Hts, OH		City & State Richmond Hts, OH		4. FEI Number 01-0668680	
Zip 44143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENSON, NATHAN D <input checked="" type="checkbox"/> Delete 448 VIKING DR., SUITE 220 VIRGINIA BEACH, VA 23452		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Associated Estates Realty Corporation 5025 Swetland Court Richmond Hts, OH 44143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete GOTTLIEB, RAYMOND L 448 VIKING DR., SUITE 220 VIRGINIA BEACH, VA 23452		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">             000055722680              06/06/05--01005--004 **50.00           </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
Associated Estates Realty Corporation, Manager					
SIGNATURE: <u>M A Fishman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Martin A. Fishman, Vice President			04/25/05 <small>Date</small>		216/797-8780 <small>Daytime Phone #</small>