


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**


04-28-2006 90025 049 \*\*\*\*50.00

<b>DOCUMENT # M02000000580</b>	
1. Entity Name <b>SANDLER AT ALTA LAGO, L.L.C.</b>	

Principal Place of Business <b>5025 SWETLAND COURT RICHMOND HTS, OH 44143</b>	Mailing Address <b>5025 SWETLAND COURT RICHMOND HTS, OH 44143</b>
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**20038552**

2. Principal Place of Business	3. Mailing Address <b>5025 Swetland Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	Attn: <b>Legal Dept.</b>
Zip	City & State <b>Richmond Hts, OH</b>
Country	Zip <b>44143</b>
	Country <b>USA</b>

	
04212006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>01-0668680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. N PLANTATION, FL 33324</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ASSOCIATED ESTATES REALTY CORPORATION 5025 SWETLAND COURT RICHMOND HTS, OH 44143</b> <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
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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.

**Associated Estates Realty Corporation, Manager**  
**SIGNATURE:**  **04/21/06** **216/797-8780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**Martin A. Fishman, Vice President**