2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000002192

1. Entity Name
SANDLER AT HARBOUR ISLE, L.L.C.

Principal Place of Business	Mailing Address
448 VIKING DR., SUITE 220	448 VIKING DR., SUITE 220
VIRGINIA BEACH, VA 23452	VIRGINIA BEACH, VA 23452

DO NOT WRITE IN THIS SPACE

04072004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
11-3649718	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

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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, 2004

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
STREET ADDRESS	448 VIKING DR., SUITE 220
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4|30|04   757-463-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #