

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # M02000002193

1. Entity Name
SANDLER AT MANATEE, 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**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1019427

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000890493
04/22/08-80097-005; 138.75

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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

4-7-08

Date

757-463-5000

Daytime Phone #