

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M04000003595

1. Entity Name  
SANDY LANE BEACH FRONT LLC



**FILED  
Apr 27, 2005 8:00 am  
Secretary of State**

04-27-2005 90041 032 \*\*\*\*50.00

Principal Place of Business  
C/O CHETRIT GROUP  
404 FIFTH AVENUE  
NEW YORK, NY 10018

Mailing Address

C/O CHETRIT GROUP  
404 FIFTH AVENUE  
NEW YORK, NY 10018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>42-1643128</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE MGR  
NAME CHETRIT, JACOB  
STREET ADDRESS 404 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10018

Delete

TITLE MGR  
NAME CF SANDY LANE LLC  
STREET ADDRESS 404 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10018

Change  Addition

TITLE MGR  
NAME CHETRIT, JOSEPH  
STREET ADDRESS 404 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10018

Delete

TITLE MGR  
NAME LAMMARK SOUTH BEACH LLC  
STREET ADDRESS 8114 N LAMMALE AVENUE  
CITY-ST-ZIP SKOKIE, IL 60076

Change  Addition

TITLE MGR  
NAME CHETRIT, MEYER  
STREET ADDRESS 404 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10018

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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.

**SIGNATURE:**

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

Date

Daytime Phone #