

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000003598**

1. Entity Name  
**SANDY LANE RESIDENTIAL LLC**



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**

**DO NOT WRITE IN THIS SPACE**



08082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**03-0547809**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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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 September 6, 2006**

000000575024  
08/22/06-80009-011 350.00

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>
NAME	<b>CF SANDY LANE, LLC</b>
STREET ADDRESS	<b>404 FIFTH AVENUE</b>
CITY-STATE-ZIP	<b>NEW YORK, NY 10018</b>
TITLE	<b>MGR</b>
NAME	<b>LAWRENCE SOUTH BEACH, LLC</b>
STREET ADDRESS	<b>404 FIFTH AVENUE</b>
CITY-STATE-ZIP	<b>NEW YORK, NY 10018</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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

Date

Daytime Phone #