

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000003599

1. Entity Name
SANDY LANE RETAIL 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



08082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0547811

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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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 _____

**Filing Fee is \$50.00
Due by September 8, 2006**

000000575026
08/22/06-80009-011 350.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CF SANDY LANE, LLC
STREET ADDRESS	404 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	MGR
NAME	LANDMARK SOUTH BEACH, LLC
STREET ADDRESS	8114 N LANDMARK AVE
CITY-ST-ZIP	SKOKIE, IL 60076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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 #